



Energy Assistance Program
 721 S. Fawcett Ave. Suite 204
 Tacoma, WA 98402
 Ph.: (253) 572-5557 Fax: (253) 597-6700

DECLARATION OF NO INCOME

To be completed by ALL adult members (18 years or older) with no income in the past three months.

I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Social Security Payments (SSA/SSI), Annuities, Insurance Policies, Retirement Funds, Pensions, or Death Benefits
- Unemployment or disability payments (L&I)
- Public Assistance (TANF, Refugee Assistance, GA, etc.)
- Periodic allowances such as alimony, child support, or gifts from family and/or Friends
- Rental income from real estate or personal property
- Any other sources of income NOT LISTED ABOVE

I, _____ do hereby certify that:

I have not received any income in the past three months of _____, _____, & _____.

In detail, please explain how your basic living needs are being met with no sources of income. If you need additional space to write, please turn the page over and continue writing.

I have been meeting my basic living needs for the three months above in the following ways:

Food: _____

Shelter: _____

Utilities: _____

If you received money from a family member and/or friend, please explain the amount received and from whom you received it from.

I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received, for which i am not eligible.

Applicant Signature: _____

Date: _____

Staff Member Signature: _____

Date: _____