

SELF-DECLARE ZERO INCOME

(To be completed by the <u>adult</u> head of household)

Purpose: After all avenues of documenting zero income are exhausted, a signed Self-Declaration of Zero Income is permissible to use. The Applicant must fill out and sign the Self-Declaration of Zero Income form listing all household y

| | aring zero income, defined as income received, by all adult household members, within the past 30 day LIHEAP application date. |
|---|--|
| Applicant Na | ame: |
| Primary Add | ress: |
| I do hereby ce | ertify members listed in this form <u>do not</u> receive income from the following resources: |
| • M • F • III • N | Vages, commissions, salaries, tips before any deductions Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses) Negular payments from social security, TANF, railroad retirement, unemployment compensation, strike renefits from union funds, workers compensation, veteran's payments, training stipends, alimony, child upport, regular adoption assistance, and military family allotments or money received from an absent amily member or someone not living in the household regular income - a household member, whose irregular income is the result of occasional work such as mowing awns, childcare, donating plasma, collecting cans/bottles, or a household income is from an informal child upport agreement or cash gifts for the past thirty (30) days regular insurance or annuity payments Net income from Social Security, pensions (private and government, including military retirement pay) and VA enefits. Excludes Medicare premiums, overpayment recovery, or garnishment payments Net college or university scholarships, grants, fellowships or assistantships bividends and/or interest - Interest only to be counted if over \$200.00 per year and is withdrawn let rental income and net royalties reriodic receipts from estates or trusts Net gambling or lottery winnings |
| | Black Lung benefits will be considered income except for the first \$20 of each monthly benefit. ist below all household members eighteen (18) years andolder self-declaring zero income. |
| Name: | ist below all household members eighteen (18) years andolder self-declaring zero income. |
| Name: | |
| Name: | |
| Name: | |
| Name: | |
| | |

I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee Laws.

| Signature of Applicant: | Date: |
|-------------------------|-------|
|-------------------------|-------|