OlyCAP

2120 W Sims Way ♦ Port Townsend, WA 98368 ♦ (360) 385-2571
228 W 1st St, Ste F ♦ Port Angeles, WA 98362 ♦ (360) 452-4726

Energy Assistance
No Income Statement

PLEASE PRINT

I _____ , do hereby declare that I have received no income for the months of: _____ and _____

Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work related injuries, child support received, military or other pension payments, social security, supplemental security income, monetary gifts, TANF, certain types of student loans or work study programs, child or adult care payments, money received through self-employment, or odd jobs in exchange for food, shelter or utilities.

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained 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.

_____ _____
Client Signature Date

I have verified through the secure LIHEAP website that there are no conflicts of income information apparent at time of application and that any conflicts have been clarified and explained in the memo to record on file for this client.

_____ _____
Staff Signature Date