



Energy Assistance No Income Statement

823 Commerce Loop • Port Townsend, WA 98368 * (360) 385-2571
228 W 1st St, Ste J * Port Angeles, WA 98362 * (360) 452-4726
421 5th Ave . Forks, WA 98331 * (360) 374-6193

Form EAP1009 (REV 8/2013)

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

