OIYCAP	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:		
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		

No Income Statement

OIYCAP	Energy Assistance Self-Declaration 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 EAP1008 (Rev. 8/2013)	
have received income for the months of:	, do hereby declare that I	
Month Amount	Source	
2) 3)		
 4) I certify that I have/will apply for the LIHEAP progrand time of the appointment that has been made with the second seco		
Date Time		
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		
I understand that I may be subject to criminal pro Agency, and/or jeopardize my future program el information to obtain this benefit.		
Client Signature	Date	
Staff Signature	Date	
OlyCAP Staff Note: Use this form to document miscellaneous (non wage) income. eg: gifts, casual labor, intermittent income, child support.		

Self-Declaration Income Statement