



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 811
TRENTON, NJ 08625-0811

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Commissioner

ZERO INCOME STATEMENT

(For each individual household member(s) age 18 or over who are unemployed; not full-time students. *)

Head of Household / Applicant's Name _____

Head of Household / Applicant's last four of Social Security# _____

Address _____

City _____ State _____ Phone# _____

MEMBER STATEMENT

I, _____ Social Security# _____ - _____ - _____

Age _____, Date of Birth _____ certify that I am a member of the above household, which applied for USF/LIHEAP benefits, and at the present time, do not have any income from any source(s). The last time I had income was on (Date) _____, in the amount of \$_____.

This is to certify that the above information is true to the best of my knowledge. I am aware that I may be penalized for making false statements.

Zero Income Claimant Signature

Date

*All income for the head of the household, who is also a full-time student, is counted.



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