

Metropolitan Action Commission

FY 2015-2016

SELF-DECLARATION of ZERO INCOME LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

DATE

I, _____, do hereby certify that
Print Name

During the dates from _____ to _____

_____ Household does not receive any type of Income

_____ Spouse

_____ Household members over 18 years of age

I also certify that my household: _____ Receives Food Stamps

_____ Does Not Receive Food Stamps

Signature of Applicant

Community Services Representative