

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
LOW INCOME HOME ENERGY ASSISTANCE &  
UNIVERSAL SERVICE FUND PROGRAMS**

**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: \_\_\_\_\_

Last four digits of Head of Household/Applicant's Social Security #: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

**MEMBER STATEMENT**

I, \_\_\_\_\_ Social Security # (last four digits) \_\_\_\_\_

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). I also certify that the above information is true to the

best of my knowledge and that I am aware that I may be penalized or denied benefits if I

knowingly provide false information.

\_\_\_\_\_  
Zero Income Claimant Signature

\_\_\_\_\_  
Date

\*All income for a head of household who is also a full time student is counted