



MARYLAND OFFICE OF HOME ENERGY PROGRAMS
DECLARATION OF ZERO INCOME

RETURN THIS FORM TO:

Instructions: All household members age 18 and older who have had no income in the last 30 days must sign this form. Income includes but is not limited to: wages, self-employment, Social Security, TCA/TDAP, Unemployment, monetary gifts and loans. Each person declaring they have had no income in the last 30 days is referred to as the "Declarer" and must print, sign, and date the lines below.

Applicant's Name: _____

Applicant's Client ID #: _____ Local agency will provide

I certify that I have had no income of my own during the past thirty (30) days, from _____ to _____.

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief.

I give permission to the Office of Home Energy Programs (OHEP) and/or the Office of the Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits and for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

I understand that I will be penalized by fine and/or imprisonment for giving false statements. My signature below makes this statement binding.

When this form is completed by other than the applicant, the signer(s) agree to report to the local agency any changes of which he/she is aware in the financial circumstances of the applicant or in his/her relationship to the applicant.

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

OFFICE USE ONLY:

Date Received: _____

Reviewed & Approved: _____
Worker's Signature

Date