

Iowa Low-Income Home Energy Assistance & Weatherization Programs

Community Action Agency _____

Applicant Declaration of No Countable Household Income

This form should be used in situations where the applicant is declaring the entire household has no countable income for LIHEAP eligibility

I, as the applicant, hereby declare that no member of my household receives any of the following common sources of income counted towards LIHEAP eligibility:

1. Annuities
2. Dependent Care
3. Alimony
4. Bitcoin, Cryptocurrency, Dividends, Gambling, Lottery Winnings
5. Income from Operating a Business
6. Interest of Dividends from Assets
7. Internship - Paid
8. Long Term Disability Insurance, VA Service – Connected Disability pension
9. Lump-Sum Recurring or Non-Recurring Payments
10. Rental Income Received
11. Retirement Income, Pensions, Railroad Retirement
12. Social Security payments (SSI, SSDI, SSA Retirement Benefits)
13. Unemployment Compensation
14. Wages from employment, self-employment, farm income, military pay (including Sales Revenue, Tips, Commissions, Bonuses and Fees, Training Stipends etc.)

I certify, under the penalty of perjury that the information presented in this declaration is true and accurate to the best of my knowledge. I further understand that providing false representations and/ or withholding income information is a federal offense and can result in a fine of \$10,000 and/or imprisonment for no more than five years if convicted.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____