



ILLINOIS HOME WEATHERIZATION ASSISTANCE PROGRAM
ZERO INCOME AFFIDAVIT

I, _____, attest to the fact I
have received \$ _____ income for the period covering _____ to
_____ indicate 12 month period
. I met my financial obligations during the period by:

from _____
Name of Source

Address
_____ /
City, State Zip Code

Phone Number

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for
which I can be prosecuted. I also understand that the information that I am providing may be
submitted to Federal Wage Verification Data Systems for wage and income verification.

_____/
Signature of Above Member - Blue Ink ONLY Date

Social Security Number

Name of Head of Household

Address

_____/
City & State Zip Code

_____/ /
Notary Signature - Blue Ink ONLY (Seal Required) Phone Number Date