



Illinois Home Weatherization Assistance Program ZERO INCOME AFFIDAVIT

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

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

Date

Social Security Number

Name of Head of Household

Date

Address

City

State

Zip

Notary Signature (Seal Required)

Date