



City of Cambridge/DHSP
Home Energy Assistance Program
51 Inman Street, Cambridge, MA 02139
Phone: (617) 349-6252 Fax: (617) 349-6246

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

NO INCOME (ZERO INCOME) STATEMENT

Each adult (ages 18+) household member reporting no income (zero income) is required to complete this statement form.

Application #: _____

I, _____, certify that I have (**choose one** of the following)
Print Name

☐ **Never** received any income.

or

☐ Received no income or money from _____/_____/_____ to_____/_____/_____.
Date last received income/money Current date or date started
to receive income/money again

Indicate the type of income that stopped: _____

Indicate the reason why the income stopped: _____

I certify that all statements on this form and in my application are true. I authorize (**CCDHS**) to examine my tax return in order to verify my income. I understand that in the case of a fraudulent statement or misstatement of "no income" I may be liable for the full value of any assistance received.

Signature of Person

Date