



Applicant Declaration of No Income Form

To qualify for the Office of Housing’s Weatherization Program, you need to send copies of income documentation and this form as proof that your income does not exceed the income guidelines of our program. Each household member aged 19 years or older must complete this form if they have no income.

Note: This document must be notarized. A notary signature is required on Page 13.

1. Full Name: _____

2. I declare that I have not received any income within these past three months (refer to the chart example below):

1. _____ 2. _____ 3. _____

| Current Month Applying | Past Months of No Income |
|------------------------|-----------------------------|
| January | October, November, December |
| February | November, December, January |
| March | December, January, February |
| April | January, February, March |
| May | February, March, April |
| June | March, April, May |

| Current Month Applying | Past Months of No Income |
|------------------------|------------------------------|
| July | April, May, June |
| August | May, June, July |
| September | June, July, August |
| October | July, August, September |
| November | August, September, October |
| December | September, October, November |

3. The reasons I didn’t receive income for the months listed above are as follows:

4. I have been meeting my basic living needs for food, shelter, and utilities in the following ways:

Food: _____

Shelter: _____

Utilities: _____



5. I certify that the information I have provided above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Your Signature: _____

Date: _____

Notary Signature:

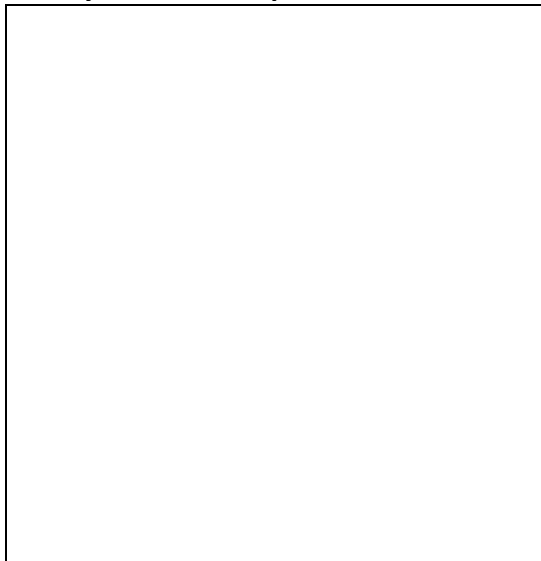
I certify that I know of and have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that they signed this document and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this document.

State of Washington, County of _____

Your Signature: _____

Date: _____

Notary Seal or Stamp



County Notary Resides:

My appointment expires on:
