



**KIOWA TRIBE SOCIAL SERVICES
LOW INCOME HEATING & ENERGY ASSISTANCE PROGRAM (LIHEAP)**

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CERTIFICATION OF NO INCOME

Please Check One:

APPLICANT

HOUSEHOLD MEMBER OVER THE AGE OF 18 YEARS OF AGE

PERSONAL INFORMATION

First Name:	Last Name:	Date of Birth:
Maiden Name:	SSN:	Phone #:

- A. I certify that I currently DO NOT have any income: (please check box)
- a. Wages from employment (including commissions, tips, bonuses, fees, pay in lieu of vacation or sick time, profit sharing, etc.)
 - b. Income from operation of a business
 - c. Rental or royalty income from real or personal property, or gain from the sale of a property
 - d. Interest or dividends from assets
 - e. Social Security payments, annuities, insurance policy benefits, distributions from retirement funds, pensions, or death benefits
 - f. Unemployment or disability payments
 - g. Severance pay
 - h. Public assistance payments
 - i. Periodic allowances such as alimony, child support, or regular periodic gifts received from persons not living in my household
 - j. Veteran's benefits
 - k. Gambling winnings
 - l. Any other source not named above

B. I have had no income since: _____/_____/_____

I do not expect to receive any income until: _____/_____/_____

C. Please provide details of the person(s) providing support:

Name:	Relationship to Applicant:
Address:	Phone Number:

I have received support from the person(s) listed above since ____/____/____ and I have received the following amount this month _____.

By initialing to the left of each statement and signing below, I certify that:

- I understand that verification of income is required to determine eligibility for the LIHEAP Program.
- I understand this information is required for my LIHEAP application determination.
- I understand that if I deliberately misrepresent information on this form, I may be ineligible for services for a period up to 3 years.
- I understand that "no income" or "zero income" means that I do not receive any money through employment, or from other sources (like unemployment, interests, retirement, Social Security Disability Income (SSDI), supplemental security income (SSI), etc.)
- I do not have any income.
- To the best of my knowledge the above information is accurate and completed as of today's date. I understand that in order to confirm my eligibility for the LIHEAP program, my information may be shared with but is not limited to the following: County DHS offices and other Tribal Governments.

Applicant Signature:	Date:
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<p>Staff Only:</p> <p>Date of Verification:</p> <p>List phone number:</p> <p>Comments:</p>
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