2018 Home Energy Assistance Program Negligible / No Income Reported Form

1000	: Street	City/Town	State	Zip Code	
l.	Determination of	Financial Responsibility:			
1	A. Landlord Name:				
	Telephone:	Weekly Rent:	Monthly	Rent:	
	B. Amount of Rent P	ast due \$			
	C. Describe Arranger	nent with Landlord:			
II.	Amount and sour	ces of Income:			
So	Previous Twelve ource (describe)		Previous Nine describe)	ety Days Amount	
III. ——	Anticipated Amou	unt and Source of Income (or the next ni	nety days) Desc	ribe:
	******	THIS DOCUMENT MUS	ST BE NOTO	RIZED *******	•
com		ove description of my financia nderstand that supplying falso eral Government.		-	•
Appl	icant Signature	 Date	Notary		Date
****	***This form must be	completed and notarized b	efore the inta	ke worker can s	ign off*****
		 Date	Reviewe		Date