



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO Box 051
 TRENTON, NJ 08625-0051

PHILIP D. MURPHY
 Governor

LT. GOVERNOR SHEILA Y. OLIVER
 Commissioner

ZERO INCOME STATEMENT

(For each individual household member(s) age 18 or over who are unemployed, not full-time students*)

Head of Household/ Applicant's Name _____

Head of Household/ Applicant's Social Security# ____-____-____

Address _____

City _____ State _____ Phone# _____

MEMBER STATEMENT

I, _____, Social Security# ____-____-____,

Age _____, Date of Birth ____/____/____, certify that I am a member of the above household which applied for USF/LIHEAP benefits, and at the present time do not have any income from any source(s). The last time I had income was on (Date) ____/____/____ amount of \$_____.

This is to certify that the above information is true to the best of my knowledge. I am aware that I may be penalized for making false statements.

 Zero Income Claimant Signature

 Date

*All income for head of household that is also a full-time student