

SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NO INCOME (ZERO INCOME) STATEMENT FORM

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 contained on this form and in my application are true. I authorize **SSCAC, INC.** 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

Date

CHILD SUPPORT/ALIMONY DOCUMENTATION FORM

Applicant Name: _____ Application #: _____

If your household receives child support or alimony (spousal support), please complete this form and return it **with the required supporting documentation** to **SSCAC, INC.**

I, _____, (Applicant) understand that I will be held liable if I have misstated or understated in any way the child support/alimony my household receives.

Please provide the following information grouped by the person providing the household child support/alimony.

Name of noncustodial parent or ex-spouse providing the support: _____

Name of child(ren): _____

☐ The household has **NOT** received any child support/alimony since _____.

OR

☐ The household has **NEVER** received child support/alimony.

OR

☐ The household **DOES** receive child support/alimony. The amount received: \$_____ (**circle one**)
weekly/bi-weekly/monthly

Is the Applicant the adult household member that receives this support? ☐ Yes ☐ No

If no, name of other household adult receiving support: _____

For each source of child support/alimony, one of the following documents is required:

- a.) Copies of canceled child support/alimony **checks or money orders** from source;
- b.) Copy of the **court order** or **divorce decree** that indicates the amount paid and how often it's paid;
- c.) Copy of an attorney of record or legal agency **letter** representing the Applicant that indicates the amount paid and how often it's paid;
- d.) **Notarized letter** from support source;
- e.) **Mortgage/rent paid** in lieu of, or in addition to child support/alimony is countable income. A copy of the court order, decree or other legal document specifying the amount and frequency of such payments if required; or,
- f.) **Department of Revenue** (1-800-332-2733) payment history.

Signature

Date

SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.

71 OBERY STREET
PLYMOUTH, MA 02360
FISCAL YEAR 2024

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) INCOME SHEET

Part of determining LIHEAP eligibility includes calculating the household's income. This income sheet is to assist your household in summarizing the income sources all of your members receive. Please note that documentation of your household's income is required. The examples on this sheet are **not** all inclusive; please contact SSCAC, Inc. for additional information or questions about documenting income.

LIHEAP Income Source(s)	Please Check
No income ("0" Income) – If checked a <i>Statement of No Income</i> form and possibly a <i>Low Income/No Income Form</i> , to verify how your household is able/unable to meet its expenses needs to be completed.	
Wages (including bonuses, tips, overtime, strikers' benefit) – Copy of pay stubs covering the most recent four weeks showing the <u>gross</u> wage, as well as the week ending or pay date and the person's name or Social Security number.	
Self-employment income (e.g., sole proprietor, partnerships, corporations) – Most recent completed federal forms are needed. Must include Form 1040 plus all other completed tax schedules. If self-prepared an IRS transcript will be needed.	
Social Security (SS) – an official SSA statement of benefits or a SSA computer printout of benefits, IRS Form SSA-1099.	
Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) – Same as SS above.	
Transitional Assistance to Needy Families (TANF) – In most cases, the agency is able to retrieve this information electronically. The agency will contract your household if this is not possible.	
Emergency Aid to Elderly, Disable, and Children (EAEDC) – In most cases, the agency is able to retrieve this information electronically. The agency will contract your household if this is not possible.	
Unemployment benefit – DUA Payment History or a Benefit Determination Form with a printout of the Payment History Screen. Your name must be on the printouts.	
Veterans benefit – VA statement of benefits, IRS Form 1099.	
Retirement/Pension income and Annuities – An official statement of benefits, letter from income source, Form 1099.	
Workmen's Compensation (including temporary disability insurance payment) – Copy of most recent check showing gross benefit, frequency of benefit, date of loss of employment, and receipt of benefits or statement from an employer, insurance company, attorney of record or union office, showing gross benefit, frequency of benefit, effective date of benefit, or lump sum payments	
Interest Dividend Income – Bank statement, letter from the bank or source signed and dated by authorized representative, a copy of the most recent IRS Form 1099.	
Owner-Occupied Rental income – IRS Form 1040 and Schedule E or property tax bills, home insurance policy, mortgage interest statement, and water/sewer bills.	
Non-Owner-Occupied Rental income – IRS Form 1040 and Schedule E or copies of canceled checks from all tenants, written statements from tenants, signed and dated attesting to renting at the specific address and rent amount.	
Alimony (Spousal Support) or Child Support – Copies of cancelled alimony/support checks from source, most recent court order/amendment, a letter from the attorney of record or legal agency representing the applicant, Department of Revenue payment history.	
Odd jobs employment income – Complete a copy of the <i>Odd Jobs Income Statement</i> and provide checking, savings, or other bank records to verify income.	
Income from lump sum receipt(s) – Income received in the 12 months prior the LIHEAP application is only counted once for LIHEAP purposes; lump sum receipts may include but not limited to stocks and bonds, Capital Gains, Royalties, Inheritances, one time insurance payment (excluding life insurance and third party payments), one time Alimony or Spousal Support or Child Support (in lieu of monthly payment), lump sum lottery winnings.	
Other – Below are examples of other types of income. Please contact the agency with any questions.	
- Regular lottery payments	
- Regular insurance payments	
- Regular on-going cash support from others	
- Stipends/fellowships/scholarships/financial support (for living expenses)	
- Estate or Trust income	
- Housing allowances	
- Any other payment considered income (specify below)	
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