



COMMUNITY ACTION PARTNERSHIP HUNTSVILLE/MADISON & LIMESTONE COUNTIES, INC.

**Low-Income Home Energy Assistance Program (LIHEAP)
Notarized Statement of No Income**

By completing this notarized statement, you are verifying that you are aware of the person's personal income. This statement will be used as verification to assist this family in receiving LIHEAP. (Please pay special attention to the notes below.)

I, _____, am verifying that _____
(Your Name) (Client's Name)

had no income for the month of _____, _____. You may contact me by
(Previous Month) (Year)

calling _____, and my mailing address is _____

- You must state in complete sentences how you are aware of the amount of income in household;
- This statement **cannot** be verified by the client or any relative of the client;
- Anyone verifying income is subject to Federal or State laws concerning fraud;
- I am aware of this because:
(Please state below how you are aware of client's household income for the previous month as well as your relationship to the client, such as neighbor, church member, landlord, etc.)

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that I am subject to all applicable Federal and State laws concerning fraud.

Signature: _____ Date: _____

Notary Public

Sworn to and subscribed before me this ____ day of _____, 20____,

Notary - Print Name

Notary Signature

My Commission Expires: _____

(All of the information above must be filled out completely in order for this form to verify the Client's household income for the previous month.)