

# Multi-Purpose Community Action Agency

## ZERO INCOME FORM

### Info for Client:

Have an individual who knows your situation well and does not live with you and is not related to you complete this form to verify you have no income.

### To the individual certifying the no income:

Complete this form if you can certify the individual's income situation.

I certify that to the best of my knowledge and belief that \_\_\_\_\_

(client name here)

has/had no income from any sources during the following month \_\_\_\_\_ (previous month prior to applying for assistance)

**Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.**

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Print name here  
\_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Return to your local office or via e-mail to [liheap@mpcaa.org](mailto:liheap@mpcaa.org).

Bullitt County  
214 Frank E Simon  
Shepherdsville KY 40165  
502-543-4077

Shelby County  
207 Washington St  
Shelbyville KY 40065  
502-633-2218

Spencer County  
44 Creekside Drive  
Taylorsville KY 40071  
502-477-8296