

**PBC Community Action Program
Low Income Home Energy Assistance Program
DECLARATION OF - 0 - INCOME**

I, _____, have been unemployed since _____ / _____ / _____
Month Date Year

And, do not have any source of income at this time.

The last place that I worked was:

Name	Address	City, State & Zip Code
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- I am not eligible for unemployment benefits. (State Reason) _____
- I am eligible for unemployment benefits but have not received a check yet.
- I am unable to work because: _____

My household expenses (food, utilities, rent, etc.) are currently being paid by:

Collateral Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

Name	Address	City, State, & Zip Code	Phone Number
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I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the PBC Board of County Commissioners for all goods and services rendered to me during and under this program.

Client's Signature

Date

Witness Signature

Date