Central Missouri Community Action
Weatherization Program

Declaration of Zero or Very Low Income

This form will be used to help us understand how you have been managing with little or no income.

1. When did you last receive money? Who was it received from and how much was it (include money received from friends and/or relatives)?

   _____

   _____

2. Do you work odd jobs? ___ Yes ___ No
   If yes, what is the job, how much are you paid and when were you last paid?

   _____

   _____

Please report gross income on a monthly basis from any of the sources listed above.

Month & Year	Gross Income	Source(s)	Month & year	Gross Income	Sources(s)

Total for _____ period _____

3. Do you have savings or other resources? ____ Yes ____ No
   If yes, where are these resources located and what is their approximate value?

   _____

   _____

4. How have the rent/house payment and utilities (gas, electric, water, phone) been paid for the last 3 months?

   _____

   _____

5. How do you pay for food and transportation expenses?

   _____

   _____

I certify that the above information is true. I understand failure to report any and all income may result in cancellation of services and penalty of perjury or false swearing.

_____ _____ _____ _____

(Print Name) **(Signature)** **(SS#)** **(Date)**

Staff Signature:_____ **Date:**_____

CMCA PROVIDES SERVICES ON A NON-DISCRIMINATION BASIS