



Weatherization Certification of Household Claiming Zero Income

Applicant Name: _____

Address: _____

I certify, as the applicant for the household listed at the above-referenced address, that no one in our household has earned nor received any income over the previous three (3) calendar months.

Signature: _____

Date: _____

Subscribed and sworn to before me this _____ of _____,
(Day) (Month)

_____. I am commissioned as a notary public within the County of _____,
(Year) (Name of County)

State of _____ and my commission expires on _____.
(Name of State) (Date)

Signature of Notary

Date