

PACE

FUEL ASSISTANCE

166 William St. New Bedford, MA 02742
Tel: 508-999-9920 Fax: 508-999-3728

NO INCOME (ZERO INCOME) STATEMENT

Each adult (ages 18+) household member reporting no income (zero income) for last 30 days is required to complete a section below.

Application #: _____

Adult #1

I, _____, certify that I have received **NO INCOME DURING THE LAST THIRTY (30) DAYS**

Or from _____ to _____.

I authorize (P.A.C.E. FUEL ASSISTANCE) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature

Social Security #

Date

Adult #2

I, _____, certify that I have received **NO INCOME DURING THE LAST THIRTY (30) DAYS**

Or from _____ to _____.

I authorize (P.A.C.E. FUEL ASSISTANCE) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature

Social Security #

Date

****For additional adults with No Income (Zero Income), begin another form.***