

## State of Nebraska Weatherization Assistance Program

## Zero Income Verification

FORM
<b>WX16</b>

			26		ie verilica	ation		VVAIC
gency:	□BVCAP	□CAPLSC	□CAPMN	□CNCAP	□UWM	□NENCAP	□NWCAP	□SENCA
plicant I	Name:					Social Security Numb	er:	
dress:					City:		Phone Number	
						_		
					OF ZERO INCOM			
(1)	) I HEREBY	CERTIFY TH	AT I DO NOT	RECEIVE IN	COME FROM A	NY OF THE FOL	LOWING SOL	JRCES:
	b. Incor c. Rent	me from the op al income from	eration of a b real or perso	usiness (self-e nal property		ommissions and f von, Mary Kay, e		
	e. Socia f. Uner g. Net g	nployment ben gambling or lott	nuities, insura efits		etirement funds	, pensions, disab	ility or death be	enefits
	exper j. Regu	cational grants nses for tuition, ular monthly ca	fees, and boosh contribution	oks ons from an ou		railable for subsis		
(2)			you say you	have had mini		ne, how did you p	•	lities and
(3)	) Do you re If yes, exp	alain.		•	ned above?			
(4	<b>)</b> Did you fil	e a Federal Ind	ome Tax Ret	urn last year?	□ Yes □	No		
Lh	ereby certify	under nenalty o	of neriury that t	he information r	rovided above is	accurate and com	nlete to the hest	of my
			<u> </u>			.,,		
un	iderstand wh	at information is	being request	ed and the rami	fications of my no	ot providing comple	ete and truthful re	esponses.
	Print Name	First,		Las	t			
,				240				
gn								
re	Applicant Sig	nature (zero income ho	usehold member)			Date		
	Witness my h	and and notarial seal or	ı					
			Date					
gn ı								
ere	Signature of N	lotary Public				Commiss	sion Expires	

(This form must be completed by an individual 19 years or older who resides in the property)

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.