

2017 Home Energy Assistance Program

Adult Household Member w / No-Income Form

(To be completed by Household Members, or Primary Applicant 18 years and over with no Income)

Primary Applicant Name: _____ App. No. _____

Household Member Name _____ Date _____

Address _____

Household Member Phone No.: _____

1.) ARE YOU CURRENTLY A FULL-TIME STUDENT? YES___ NO___

If Yes, NAME of SCHOOL: _____
(If you are a student you must submit a copy of the school schedule)

2.) DO YOU HAVE INCOME? YES___ NO___

Explanation: _____

***** THIS DOCUMENT MUST BE NOTORIZED *****

I attest that the above information is complete and accurate and hereby authorize the Rhode Island Division of Taxation to release my Gross Income and number of dependents to the Rhode Island Department of Human Services in order to assist them in determining my eligibility for this program.

I understand that supplying false or incomplete information in this document is an attempt to defraud the Federal Government.

Household Member Signature

Date

Notary Name (print): _____

Notary Signature

Date