

Declaration of Zero Income
North Georgia Community Action
Weatherization Program
P.O. BOX 760
1344 TALKING ROCK RD.
JASPER, GA 30143

I, _____, have been unemployed since ____ / ____ / ____
and do not have any source of income at this time. Month Date Year

My last place of employment was: _____
Name of Employer

Address

City, State, Zip Code

I am ____ a) not eligible for unemployment benefits

____ b) eligible for unemployment benefits, but have not received a check.

If not eligible, please state reason why:

I am unable to work because:

My household expenses (food, utilities, etc.) are currently being paid by:

Secondary Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income.

Name

Contact Number (Home)

Address

Secondary Number

City, State, Zip

Verified on : _____ by _____

Weatherization Affidavit

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I certify that I have declared all members of my household presently residing in my place of residence and have provided all sources and amounts of income for all persons living in my household to the North Georgia Community Action, Inc. Weatherization Program.

I also understand that, "A person who knowingly and willfully falsifies, conceals or covers up a material fact, or makes a false, fictitious or fraudulent statement" is subject to punishment, fine and imprisonment by federal and state agencies.

Signature of Applicant _____