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|  | | Declaration of No Income  YVEDDI Weatherization Assistance Program | |
| |  |  |  | | --- | --- | --- | | Job #: | | | | Participant Name: | |  | | Address: | |  | |  | | I, as applicant/member of an applicant household making application to Yadkin Valley Economic Development District, Inc. (YVEDDI) as Weatherization Service Provider, for services provided by the Weatherization Assistance Program, certify that I have received zero income during the 12-month period beginning  and ending . | | | | The reason that I have received no income for the period referenced is as follows: | | | | I have been meeting my basic living needs for food, shelter and utilities in the following way: | | | | Food: |  | | | Shelter: |  | | | Utilities: |  | | | I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which in assistance being received for which I and/or my household am not eligible. | | | | | | |
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| Declarer Signature | | | Date |
| Notary Public:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, North Carolina  I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document:  Name of Declarer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| *(Official Seal)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Official Signature of Notary  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notary Public  Notary’s printed or typed name  My Commissions expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |