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|  | Declaration of No IncomeYVEDDI Weatherization Assistance Program |
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| Job #: |
| Participant Name: |  |
| Address: |  |
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| 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 past 12-month period.  |
| I have been meeting my basic living needs for food, shelter and utilities in the following way: |
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| 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 CarolinaI 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 PublicNotary’s printed or typed nameMy Commissions expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |