

State of Nebraska Weatherization Assistance Program

Zoro Incomo Varification



| DEPT. OF E | INVIRONMENT AND E | NERGT | Ze | ro incon | ie verilic | ation | | VVAIO |
|------------|----------------------|-----------------------------------|-----------------|------------------|--------------------|---|---|-------------|
| Agency: | □BVCAP | □CAPLSC | □CAPMN | □CNCAP | □HFHO | □NENCAP | □NWCAP | □SENCA |
| pplicant I | Name: | | | | | Social Security Numb | er: | |
| ddress: | | | | | City: | | Phone Numbe | r: |
| | | | | OF DETIFICATION | 05 75B0 INCOM | | | |
| 441 | | | | | OF ZERO INCOM | | | |
| (1) |) I HEREBY | CERTIFY TH | AT I DO NOT | RECEIVE IN | COME FROM A | ANY OF THE FOI | LOWING SO | URCES: |
| | a. Wage | es and salaries | s from any typ | e of employme | ent (including c | commissions and t | fees) | |
| | b. Incor | ne from the op | eration of a b | usiness (self-e | | Avon, Mary Kay, e | | |
| | | al income from | • | nal property | | | | |
| | | est or dividend | | | - ti t | | ::::::::::::::::::::::::::::::::::::::: | |
| | | ai Security, ani ployment ben | | nce policies, r | etirement tunas | s, pensions, disab | ility or death b | enetits |
| | | ambling or lot | | | | | | |
| | h. Alimo | | , | | | | | |
| | | | | | ans benefits av | ailable for subsist | ence after dec | ducting |
| | | nses for tuition | | | | | | |
| | | ar monthly ca: uncle, etc.) to | | | side source (ex | k-husband, father, | mother, broth | er, sister, |
| | auni, | uncie, etc.) to | assist with mic | nitrily debt | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (2) |) In the past | months when | you say you | have had mini | mal, or no inco | me, how did you p | oay for rent, ut | ilities and |
| | other nece | essities? | | | | | | |
| | | | | | | | | |
| (3) |) Do you red | reive any cont | ributions that | are not explair | ned above? | Yes □ No | | |
| (0) | If yes, exp | Latin | | • | | | | |
| | , , - , - | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (4) |) Did vou file | e a Federal Ind | come Tax Reti | ırn last vear? | □ Yes □ | No | | |
| (-, | , Dia you iii | o a rodorar mi | Jonno Tax Prot | | | 110 | | |
| | | | | SIGN | ATURES | | | |
| | | | | | | accurate and com | | |
| | - | | - | - | | oath may subject m ot providing comple | • | - |
| un | derstand wn | at iniormation is | being request | ed and the raini | ilications of my n | or broviding comple | te and truthium | esponses. |
| | | | | | | | | |
| | Print Name | First, | | Las | · | | | |
| , | | | | | | | | |
| Sign | | | | | | | | |
| Here | Applicant Sign | nature (zero income ho | usehold member) | | | Date | | |
| | | | | | | | | |
| | Witness my h | and and notarial seal o | n | | | | | |
| | | | Date | | | | | |
| Sign | Signature of N | otary Public | | | | Commiss | sion Expires | |
| Here • | . C.g. ata a C Of IV | , | | | | Commiss | = np.100 | |

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

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