



Commonwealth of the Northern Mariana Islands
Department of Community and Cultural Affairs
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
Caller Box 10007, Saipan, MP 96950



CERTIFICATION OF ZERO INCOME

(To be completed by adult household members (18+) who are claiming zero income)

Name: _____ Head of Household: _____

1. I hereby certify that I do not individually receive income from any of the following sources;
 - a. Wages from employment (including commission, tips, bonuses, fees, etc.);
 - b. Income from operation of a business (if seasonal, you must submit your most recent tax return)
 - c. Rental Income from real or personal property
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments
 - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - h. Sales from self-employed resources;
 - i. Any other source not named above.

2. Please explain how you (or your family) have paid for all your living expenses when your household has had no income.

- ☐ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- ☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

Under penalty of perjury, I certify that the information in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance for the DCCA Low-Income Home Energy Assistance Program.

Signature

Date