

**Operation Fuel, Inc.
Self Declaration of Zero Income**

The purpose of this form is to provide the applicant household with a written statement of which the applicant, on behalf of the household, swears or affirms to no income in the household for the four (4) consecutive weeks prior to the date of the application.

I, _____, affirm that during the last four (4) weeks from my application date, my household (including myself and any member of my household age 18 and above) has not received income from any source, including unemployment benefits or social security or child support.

How have you and any member of your household age 18 and above been able to pay your household bills during this period? _____

Authorization for the Release of Information

I hereby authorize Operation Fuel, Inc., or any person or persons duly authorized by it, to verify all financial information pertaining to me or any member of my household age 18 and above with my/their employer(s), bank(s), credit union(s), loan companies, or any other source.

I understand that failure to report accurate information will result in my being disqualified from receiving Operation Fuel energy assistance for the rest of the current program year and for the following two years.

I certify that the information given on this form is true and correct.

Signature of Applicant

Signature of Witness

Date

Date