800 Main Ave SW (605)384-3641 ext 1012

PO Box 1153 (605)384-5496 fax

Wagner, SD 57380

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**Business & Claims Committee: B&CC Members:**

Robert Flying Hawk, **CHAIRMAN** Greg Cournoyer Jr.

Jason Cooke, **VICE CHAIRMAN** Derrick Marks

Kenneth Cook, **TREASURER** Kip Spotted Eagle

Glenford “Sam” Sully, **SECRETARY** Andrea Fischer

Jody Zephier

**LIEAP CERTIFICATION OF ZERO INCOME**

*(To be completed by adult household members, 18 years and over, in Household, who are claiming zero income from any source, if appropriate.)*

**Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I hereby certify that I do not individually receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
2. Income from operation of a business;
3. Rental income from real or personal property;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Public assistance payments;
8. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
9. Sales from self-employed resources (Avon, Mary Kay, etc.);
10. Any other source not named above.

2. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Under penalty of perjury, I certify that the information presented 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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Household/or Household member over 18 Date