



State Home Oil Weatherization (SHOW) Program

Declaration of Zero Income

I. APPLICANT & DWELLING (SITE) INFORMATION	
Applicant name:	
Occupant name:	
Dwelling address:	
City, state, zip:	County:

II. ZERO INCOME DECLARATION	
Declaration of zero income for time period of:	
Initial each box to indicate that the statement is true, declaring that no income of that type was received. To declare zero income of any type, all boxes must be initialed. Then, describe in the section below how monthly needs were met for the household.	
<input type="checkbox"/>	No wages from employment (including tips, commissions, bonuses, fees, etc.)
<input type="checkbox"/>	No regular income from infrequent or occasional sources (i.e. yard work, child care, bottle collections, etc.)
<input type="checkbox"/>	No income from a personal business (including sales from Avon, Mary Kay, etc.)
<input type="checkbox"/>	No rental income from real or personal property
<input type="checkbox"/>	No large gains from interest or dividends, market investments, etc.
<input type="checkbox"/>	No Social Security, retirement, annuities, pensions, etc.
<input type="checkbox"/>	No unemployment or disability payments
<input type="checkbox"/>	No public cash assistance through TANF (food stamps are not included in this)
<input type="checkbox"/>	No periodic allowances (i.e. alimony, child support, regular gifts, etc.)
<input type="checkbox"/>	No income received from any other source
Monthly needs (i.e. rent or mortgage, utility bills, groceries) were met for the household by:	

III. OCCUPANT CERTIFICATION	
Please check all items that apply and have been included with this attachment: Declaration of Zero Income attachment to the fullest extent	
All of the information completed above is accurate to the best of my knowledge. This statement has not been falsified and information has not been omitted.	
Signature:	Date:

Please submit to:

Mail: Oregon Housing & Community Services
Attn: SHOW Program Analyst
725 Summer St NE, Suite B, Salem, OR 97301

Email: SHOW.Program@hcs.oregon.gov

Fax: (503) 986-2020