

FORT PECK TRIBES
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
P.O. BOX 1027
POPLAR, MONTANA 59255
PHONE #S (406)768-2435 OR (406)768-2429 FAX # (406)768-5833

DECLARATION OF NO INCOME

I _____ DO HEREBY DECLARE THAT I HAVE NOT RECEIVED ANY INCOME FOR THE MONTHS OF:

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THE REASON THAT I HAVE HAD NO INCOME FOR THE MONTHS LISTED IS AS FOLLOWS:

I HAVE BEEN MEETING MY BASIC LIVING NEEDS FOR FOOD, SHELTER, AND UTILITIES IN THE FOLLOWING WAY:

FOOD:	
SHELTER:	
UTILITIES:	

I CERTIFY THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM SIGNING THIS STATEMENT UNDER THE PENALTY OF PROSECUTION IF I KNOWINGLY GIVE FALSE INFORMATION, WHICH RESULTS IN ASSISTANCE RECEIVED FOR WHICH I AM NOT ELGIBLE.

APPLICANT SIGNATURE:		DATE:
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