

DOLLAR ENERGY FUND

ZERO INCOME CLAIM FORM

CUSTOMER INFORMATION:

FIRST NAME

LAST NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

HOUSEHOLD ZERO INCOME CLAIM:

I, _____, confirm/state that no adult member of
(print name) my household is currently
receiving income from any source.

Household Expenses:

Identify how you and your household meet monthly living expenses, such as those expenses for housing (mortgage or rent), food, and utilities (electric, gas, water, and/or phone bill). Check all that apply.

_____ I am using money from savings

_____ I receive financial support from friends/family/community

_____ Other. Please explain below:

Affidavit:

I certify that the information presented in this application is true and accurate to the best of my knowledge. I understand that providing false information in this application is grounds for denial and dismissal of my application. I acknowledge that I am responsible for notifying Dollar Energy Fund if my household or income information changes.

Signature. _____

Date: