## MISSOURI VALLEY COMMUNITY ACTION AGENCY

## Weatherization program

I,	, ce	rtify t	that I have	not had
any income in the past months an	d/or ye	ars.	This include	des <u>ALL</u>
money from wages and salaries before any ded	uctions, self-employm	ent, d	cash contri	butions,
Social Security, disability payments (SSI), Workma	n's Compensation, un	empl	oyment, re	tirement
benefits, Temporary Assistance for Needy Familie	es (TANF), Veteran's l	benet	fits, rental	property
income, stock dividends, income from bank a	ccounts, alimony, tra	ining	stipends,	military
allotments, private pensions, government pension	ns (including military i	retire	ment pay),	regular
insurance or annuity payments, and all other source	es. I am responsible t	to rep	ort any cha	anges in
income to the Weatherization Office immediately.	Sending verification to	the a	ddress liste	d below
will do this.				
Or				
I,	, ce	rtify tl	hat I am a f	ull-time
student.				
I certify under penalty of perjury that the foregoing is true and correct.  Date: Signature:				
•				
WARNINGTitle 18 US Coded Section 10001 sta knowingly and willingly making a false or frauduler the United States. State law may also provide pen	it statement to any De	partm	nent or Age	ncy of
Please return this signed and dated form to:	Missouri Valley Com Weatherization Depa 1415 S. Odell Marshall, MO 65340	artme		gency

AN EQUAL OPPORTUNITY PROGRAM