

Georgia Department of Human Services  
ENERGY ASSISTANCE PROGRAM  
**DECLARATION OF -0- INCOME**

I, \_\_\_\_\_, have been unemployed since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
Month / Date / Year  
and do not have any source of income at this time.

The last place that I worked was: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & ZIP Code

I am \_\_\_\_\_ a) not eligible for unemployment benefits. (State Reason)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ b) eligible for unemployment benefits but have not received a check yet.

I am unable to work because:  
\_\_\_\_\_  
\_\_\_\_\_

My household expenses (food, utilities, rent, etc.) are currently being paid by:  
\_\_\_\_\_  
\_\_\_\_\_

Collateral Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

_____ Name	_____
_____ Address	_____ Phone Number (Home)
_____ City, State & ZIP Code	_____ Phone Number (Work)

I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

\_\_\_\_\_  
Client's Signature  
\_\_\_\_\_  
Worker's Signature  
\_\_\_\_\_  
Date

Verified on: \_\_\_\_\_ by \_\_\_\_\_