Lead-Safe Home Remediation Pilot Grant Program

Affidavit of No Income for Applicant

gency Name:	
lient Name:	
Client Address:	
City, Zip:	
certify that I do not receive earned income, benefits or dividends of any kind. I is my responsibility to provide information concerning any income received by and that this information must be reported promptly to a representative of the Lemediation Pilot Grant Program.	y my household
emediation I not Grant I Togram.	
Name of the Applicant	
Signature	_
Date of Signature	
Totarize:	

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARMTENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.