

## Appendix E

### RI Low-Income Home Energy Assistance Program (LIHEAP)

#### Adult Household Member with No-Income Form

Please fill out a separate form for each household member (including the primary applicant) with no income who is 18 years old or older.

Applicant Name:		Application Number: To be filled out by Community Action Agency	
Household member's name:			
Address:			
City:		State:	Zip:
Phone Number:			

Are you currently a full-time student?	Yes	No
If yes, name of school:		
Do you have income?		

Please describe how you are meeting your basic needs.
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*I attest that the above information is complete and accurate and hereby authorize the Rhode Island Division of Taxation to release my Gross Income and number of dependents to the Rhode Island Department of Human Services to assist them in determining my eligibility for this program.*

*I understand that supplying false or incomplete information in this document is an attempt to defraud the Federal Government.*

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date