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

## Adult Household Member with No-Income Form

(To be completed by Household Members, or Primary Applicant 18 years and over with no income)

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| Primary Applicant Name: |
| Application Number: |
| Household Member Name: |
| Address: |
| Household Member Phone Number: |
| Date: |

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| Are you currently a full-time student? |
| If yes, name of school: |
| Do you have income? |

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| Explanation: How are you meeting your basic needs? |

*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 _____