



PCCEO EMERGENCY ASSISTANCE PROGRAM

ZERO INCOME AFFIDAVIT

I, head of household, \_\_\_\_\_, attest to the fact that my household has received no income for the period covering

\_\_\_\_\_ to \_\_\_\_\_.

I met my financial obligations during this period with:

\_\_\_\_\_ from \_\_\_\_\_  
( \$ amount or items) (name of source/ telephone)

\_\_\_\_\_  
(address)

\_\_\_\_\_ from \_\_\_\_\_  
( \$ amount or items) (name of source/ telephone)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
Name of last place of employment of last public assistance source, address, and telephone number (If known)

\_\_\_\_\_  
DATE OF TERMINATION

I understand that to perjure myself in order to obtain assistance is a fraudulent offence for which I can be prosecuted or denied assistance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Verified by Agency Staff

\_\_\_\_\_  
Date

PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC. (PCCEO)  
CHILD SUPPORT ENFORCEMENT REFERRAL

I, \_\_\_\_\_ acknowledge receiving this referral to Child Support Enforcement, which might enable me to activate child support payments on behalf of my child/children. I have also received the following information:

- ✓ **Non-Assistance Program Fact Sheet**
- ✓ **Application for Child Support Enforcement Services (Title IV-D)**
- ✓ **Illinois Child Support Enforcement locations & telephone numbers**

I understand that PCCEO may contact me or Child Support Enforcement to follow up on the status of this referral. I give permission for any PCCEO employee to receive information regarding this referral.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCCEO Staff Signature

\_\_\_\_\_  
Date

Results of follow up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ have been offered information that might enable me to activate child support payments on behalf of my child/children. At this time, I do not wish to pursue this option.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCCEO Staff Signature

\_\_\_\_\_  
Date

**PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC.**  
**UNIVERSAL SIGNATURE PAGE FOR COMMUNITY SERVICES APPLICATIONS**

I, \_\_\_\_\_ (Head of Household) certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my landlord, employer, and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participating in CSBG/LIHEAP/IHWAP.

Initial forms that were completed for this application:

\_\_\_\_\_ Intake Form

\_\_\_\_\_ Statement of Situation Form

\_\_\_\_\_ Zero Income Affidavit

\_\_\_\_\_ Child Support Enforcement Referral Form

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted and denied for assistance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Community Services Intake Staff

\_\_\_\_\_  
Date