

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
Division of Housing and Community Resources

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**WEATHERIZATION ASSISTANCE PROGRAM  
CERTIFICATION OF NO INCOME TAX FOR MEMBER OF HOUSEHOLD**

Agency Name: Native American Advancement Corp

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

I certify that I did not file a Federal or State Income Tax Return for the calendar year 20\_\_\_\_\_.

\_\_\_\_\_  
**Name of the Household Member**

\_\_\_\_\_  
*Signature of the Household Member*

\_\_\_\_\_  
**Date of Signature**

**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 DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.**