Zero Income Form

Applicant Name: _____ Number in Household: _____

Address: _____ Phone Number: _____

Your application for Energy Assistance did not show enough income to pay your monthly bills. Please complete this form to tell us how your living expenses were paid for the month of:

_____

IMPORTANT: Your application may be denied if you do not complete this form.

List your monthly bills:

Bill	Monthly Amount
Rent/Mortgage	_____
Food	_____
Heat	_____
Electric	_____
Phone or Cell	_____
Car Payment and Insurance	_____
Gas	_____
Personal Items	_____
Other Expenses	_____

How are you paying your monthly bills with zero income? If you have not been paying your monthly bills, please explain.

_____

_____

If someone helped pay your bills in the month listed above, list their name below:

Name: _____ Total: $_____

Name: _____ Total: $_____

Do you live with a friend or relative? ☐ Yes ☐ No

Are they listed on your application? ☐ Yes ☐ No If no, write their name and phone:

_____

During the month listed above, did anyone living in your home have these sources of income?

Check all that apply and provide proof with this form:

☐ Full-time job ☐ Part-time job ☐ Self-employed ☐ Workers Compensation ☐ Unemployment

☐ Social Security/SSI ☐ Annuity Payments ☐ Pension ☐ Child Support ☐ Rental Income

☐ County/Government Program ☐ Working for cash ☐ Alimony ☐ TANF ☐ Other: _____

Check all that apply: (no proof required)

☐ Emergency or Housing Assistance ☐ Earned Income Credit ☐ Savings ☐ Home Equity Loan

☐ Other Loans ☐ Credit Card ☐ Irregular Insurance Benefits

List all unemployed household members: (including yourself if applicable)

Name: _____ Last date worked: _____

Name: _____ Last date worked: _____

Name: _____ Last date worked: _____

Name: _____ Last date worked: _____

Payments made by others to provide support for your household are considered income.

By signing this form, I affirm that I believe these facts are accurate and true. I give the local LIHEAP Service Provider my permission to verify this information. I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Approved By Applicant: _____ Date: _____