

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: _____ (full month prior to application date)

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

List your monthly bills:

Bill	Monthly amount	Bill	Monthly amount
Rent/Mortgage		Car Payment/Insurance	
Food		Gas	
Heat		Cable/Internet	
Electric		Personal Items	
Phone/Cell		Other Expenses	

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

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# here:

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

Check all that apply and **provide proof of 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.

Applicant's Signature: _____ Date: _____