

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.

Applicant's Signature: _____ Date: _____