

ZERO INCOME ASSISTANCE STATEMENT



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

NO INCOME DECLARATION

I _____

months of _____, _____, and _____.

Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work related injuries, child support received, military or other pension payments, social security, supplemental security income, TANF, work study programs, money received through self-employment, or odd jobs in exchange for food, shelter, or utilities.

I have been meeting my basic living needs for food, shelter and utilities in the following way:

If a friend or relative is helping pay your bills, please list name(s) and phone number(s)

Food: _____

Shelter: _____

Utilities: _____

During the 3 months listed above, did anyone in your household have sources of income you did not think to report?

If you mark any of the boxes below, you have received income/assistance. Please provide proof.

- Full-time job Part-time job Self-employed Working for cash Workers Compensation Unemployment
 County/Government Program Social Security/SSI Child Support Insurance Benefits Annuity Payments
 Pension Tribal Payments Rental Income Earned Income Credit Savings Home Equity Loan Other
Loans Credit Cards Gifts Other: _____

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

I authorize LEKT LIHEAP program to verify information offered on this Zero Income form.

Applicant Signature

Date

I have verified through ACES there are no conflicts of income information apparent at the time of application and any conflicts have been clarified and explained in the memo to record on file for this client.

LIHEAP Coordinator Signature

Date