



### LIHEAP ZERO INCOME STATEMENT FORM

DATE \_\_\_\_\_

I, (Full Name) \_\_\_\_\_ (SSN) \_\_\_\_\_  
do hereby certify that I am unemployed and have no income for the following reason:  
(check appropriate reason(s))

\_\_\_\_\_ Laid off. Enter month and year of last date worked \_\_\_\_\_

\_\_\_\_\_ The job I had was seasonal and has ended

\_\_\_\_\_ I am unable to find employment

\_\_\_\_\_ I have been or am, (circle one) **sick / injured** and  
unable to return to work (write in the box sick or injured) \_\_\_\_\_

\_\_\_\_\_ I expect to return to work by (month/year) \_\_\_\_\_

\_\_\_\_\_ I have small children and no one to care for them except me

\_\_\_\_\_ My only source of income is from \_\_\_\_\_

\_\_\_\_\_ I am no longer eligible for Unemployment Benefits

\_\_\_\_\_ I receive assistance from the La. Dept. of Social Services(circle  
all that apply)

\_\_\_\_\_ Food Stamps, TANF funds (write below)

\_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ Other (please use the space below to write any conditions that  
are not covered above)


I understand that if I knowingly give **incomplete, inaccurate, or incorrect** information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature: \_\_\_\_\_  
Client Signature Agency Representative

**NOTE: THIS FORM SHOULD BE COMPLETED FOR ALL ADULT HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER WHO REPORT ZERO INCOME.**



## LIHEAP ZERO INCOME SUPPLEMENTAL SHEET

APPLICANT NAME: \_\_\_\_\_

### SECTION 1: MONTHLY EXPENSES

RENT/MORTGAGE	
FOOD PURCHASES	
AVG. ELECTRIC BILL	
AVG. GAS BILL	
AVG. WATER BILL	
SEWER/GARBAGE	
HOME TELEPHONE	
CELL PHONE	
CABLE/SATELLITE	
CLOTHING EXPENSES	
SCHOOL EXPENSES	
MEDICAL EXPENSES (NOT MEDICINE)	
PRESCRIPTION EXP	
<b>TOTAL HOUSEHOLD</b>	

### SECTION 3: MONTHLY INCOME

SELF EMPLOYMENT	
WAGES	
SSA	
SSI	
VETERANS PENSION	
UNEMPLOYMENT	
WORKMAN'S COMP	
RENTAL INCOME	
ALIMONY	
TANF CASH ASSISTANCE	
REGULAR CONTRIBUTIONS	
*FAMILY	
*FRIENDS	
OTHER	
<b>TOTAL HOUSEHOLD</b>	

### SECTION 2: VEHICLE MONTHLY EXPENSES

CAR NOTE	
AUTO INSURANCE	
AVG. FUEL COST	
<b>TOTAL VEHICLE</b>	
<b>TOTAL HOUSEHOLD EXP</b>	
<b>TOTAL VEHICLE EXPENSES</b>	
<b>OTHER (IF ANY)</b>	
<b>TOTAL EXPENSES</b>	

### SECTION 4: EXEMPT INCOME

FOOD STAMPS	
AFDC	
CHILD SUPPORT	
OTHER INCOME	
<b>TOTAL EXEMPT INCOME</b>	

#### INSTRUCTIONS:

1. ENTER EXPENSES AMOUNT REPORTED BY APPLICANT IN SECTION 1 AND 2.
2. ENTER INCOME AMOUNTS IN SECTION 3 AND 4.
3. THE INTAKE WORKER MUST ASK APPLICANT FOR WRITTEN EXPLANATION OF INCOME SOURCES, IF ANY. (FOR EXAMPLE, ASK APPLICANT HOW THEIR EXPENSES ARE BEING PAID. THE INTAKE WORKER MUST DOCUMENT THE APPLICANT'S FILE WITH THIS INFORMATION UNDER SECTION 3 AND 4.)

**\*NOTE:** ALL REGULAR CONTRIBUTIONS RECEIVED FROM FAMILY AND/OR FRIENDS MUST BE DOCUMENTED ON THE STATEMENT OF CONTRIBUTIONS FORM, WHICH IS TO BE FILLED OUT, SIGNED AND DATED BY THE PERSON GIVING THE CONTRIBUTION.

I CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION PRESENTED ABOVE IS ACCURATE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_