


LIHEAP ZERO INCOME SUPPLEMENTAL SHEET

APPLICANT NAME: _____

MONTHLY EXPENSES
MONTHLY INCOME
SECTION 1: HOUSEHOLD 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	
TOTAL HOUSEHOLD	

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	
TOTAL INCOME	

SECTION 2: VEHICLE MONTHLY EXPENSES

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

SECTION 4: EXEMPT INCOME

FOOD STAMPS	
AFDC	
CHILD SUPPORT	
OTHER INCOME	
TOTAL EXEMPT INCOME	

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: _____





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.

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, 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.