

CLIENT NAME:	CASE NO:	DATE:
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ZERO INCOME STATEMENT

This form must be completed and signed by the applicant whose household has little or no income.

Has your household received any income in the past 90 days? YES NO

If yes, please tell us where it came from and how much you received:

Please tell us how your household is meeting its needs for the following items:

Food: _____

Shelter: _____

Utility Service (electricity, heat, water, etc.): _____

Print Name

Signature

Date



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

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