

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:

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

**Food:** \_\_\_\_\_

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**Shelter:** \_\_\_\_\_

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**Utility Service (electricity, heat, water, etc.):** \_\_\_\_\_

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

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