

CAO NAME AND ADDRESS

CASE IDENTIFICATION			
CO	RECORD NUMBER	CSLD	DIST.
RECORD NAME			DATE

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 month before you applied for LIHEAP?

YES NO

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

Verification of any income received will be required. Types of verification may include proof of how much was given as a gift and when, details of loan agreements with repayment information from the lender, receipts for items sold, or other documentation as needed.

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

