



ZERO INCOME FORM

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

All sections of this form must be completed using black or blue ink.

SECTION I: APPLICANT INFORMATION

APPLICANT NAME: _____

TO BE COMPLETED BY CASE WORKER

INTERVIEW DATE, IF APPLICABLE _____

REGISTER NUMBER _____

SECTION II: MONTHLY HOUSEHOLD EXPENSES

TYPE OF EXPENSE	HOUSEHOLD HAS THIS EXPENSE?		MONTHLY AMOUNT DUE	DATE OF LAST PAYMENT	LAST PAYMENT AMOUNT
HOME UTILITIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
Electricity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
Natural gas/propane	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
Water/wastewater, sewer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
FOOD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
RENT/MORTGAGE PAYMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
PHONE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
INTERNET	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____
CREDIT CARD PAYMENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	_____	\$ _____

LIST OTHER EXPENSES BELOW:

\$ _____	\$ _____
\$ _____	\$ _____
TOTAL EXPENSES \$ _____	TOTAL PAID \$ _____

SECTION III: ASSISTANCE WITH HOUSEHOLD EXPENSES

Does anyone give the household money to help pay any of the above expenses?

YES NO

If yes, complete the following section. Attach a separate sheet if necessary.

Name of Person(s) Helping Pay Expenses	Expense Paid	Amount of Contribution	Date of Last Contribution	Frequency of Contribution
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
	TOTAL CONTRIBUTIONS	\$ _____		
	TOTAL IN BANK ACCOUNT(S)	\$ _____		

SECTION IV: MEETING BASIC NEEDS

How have you been meeting your household's basic needs (i.e., shelter, utilities, food)? Attach a separate sheet, if necessary. **This section must be completed and should provide sufficient detail to explain how needs have been met.**

SECTION V: STATEMENT OF ATTESTATION

I acknowledge that 18 U.S.C. § 1001(a), "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully commits any of the following actions shall be fined under this title and/or imprisoned for not longer than five (5) years: (1) Falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) Makes any materially false, fictitious, or fraudulent statement or representation; or (3) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to Arkansas Code Title 5. Criminal Offenses § 5-36-202.

I authorize state and federal agencies to verify any of this information and hereby consent to the release of

Applicant's Signature **Date:**

Worker's Signature **Date:**