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	☐ YES ☐ NO	$		$
Electricity	☐ YES ☐ NO	$		$
Natural gas/propane	☐ YES ☐ NO	$		$
Water/wastewater, sewer	☐ YES ☐ NO	$		$
FOOD	☐ YES ☐ NO	$		$
RENT/MORTGAGE PAYMENT	☐ YES ☐ NO	$		$
PHONE	☐ YES ☐ NO	$		$
INTERNET	☐ YES ☐ NO	$		$
CREDIT CARD PAYMENTS	☐ YES ☐ 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)	$		

SEE REVERSE SIDE

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 my Arkansas tax return for this purpose.

Applicant's Signature: _____ **Date:** _____

Worker's Signature: _____ **Date:** _____

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