

# Zero Income Statement

Applicant Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

You have stated that you receive no income or assistance on your application. Please complete this form to tell us how your living expenses were paid for the last three months: \_\_\_\_\_

**IMPORTANT: Your application may be denied if you do not complete this form.**

## List your monthly bills:

Bill	Monthly amount	Bill	Monthly amount
Rent/Mortgage		Car Payment/Insurance	
Food		Gas	
Heat		Cable/Internet	
Electric		Personal Items	
Phone/Cell		Other Expenses	

## How have you paid your monthly bills?

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If a friend or relative is helping pay your bills, list name(s) and phone number(s):

## Do you live with a friend or relative? Yes No

If Yes, list name and phone number:

## During the three months listed above, did anyone in your household have sources of income you did not think to report?

If you mark "yes" to any of these, you have received income/assistance. Please provide proof.

- Full-time job  Part-time job  Self-employed  Working for cash
- Workers Compensation  Unemployment  County/Government Program  Social Security/SSI  Child Support
- Insurance Benefits  Annuity Payments  Pension  Tribal Payments  Rental Income  Earned Income Credit
- Savings  Home Equity Loan  Other Loans  Credit Card  Gifts  Other \_\_\_\_\_

Payments made by others to provide regular support for your household are considered income.

By signing this form, I affirm that I believe these facts are accurate and true. I give the Lower Elwha Klallam Tribe LIHEAP program my permission to verify this information. I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_