ZERO INCOME ASSISTANCE STATEMENT

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



Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work related injuries, child support received, military or other pension payments, social security, supplemental security income, TANF, work study programs, money received through self-employment, or odd jobs in exchange for food, shelter, or utilities. have been meeting my basic living needs for food, shelter and utilities in the following way: f a friend or relative is helping pay your bills, please list name(s) and phone number(s) food: Stock			
insurance, time loss for work related injuries, child support received, military or other pension payments, social security, supplemental security income, TAMF, work study programs, money received through self-employment, or odd jobs in exchange for food, shelter, or utilities. have been meeting my basic living needs for food, shelter and utilities in the following way: fa friend or relative is helping pay your bills, please list name(s) and phone number(s) food: shelter: Ditlities: During the 3 months listed above, did anyone in your household have sources of income you did not think to report? Fyou mark any of the boxes below, you have received income/assistance. Please provide proof. Full-time job Part-time job Self-employed Working for cash Workers Compensation Unemploymen 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 Cards Gifts Other: ***Payments made by others to provide regular support for your household are considered income*** I authorize LEKT LIHEAP program to verify information offered on this Zero Income form. Applicant Signature Date I have verified through ACES there are no conflicts of income information apparent at the time of application and any conflicts have been clarified and explained in the memo to record on file for this client.			
security, supplemental security income, TANF, work study programs, money received through self-employment, or odd jobs in exchange for food, shelter, or utilities. have been meeting my basic living needs for food, shelter and utilities in the following way: for friend or relative is helping pay your bills, please list name(s) and phone number(s) food: Shelter: Utilities: During the 3 months listed above, did anyone in your household have sources of income you did not think to report? fyou mark any of the boxes below, you have received income/assistance. Please provide proof. Full-time job Part-time job Self-employed Working for cash Workers Compensation Unemploymen 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 **Payments made by others to provide regular support for your household are considered income** I authorize LEKT LIHEAP program to verify information offered on this Zero Income form. Applicant Signature Date I have verified through ACES there are no conflicts of income information apparent at the time of application and any conflicts have been clarified and explained in the memo to record on file for this client.			
have been meeting my basic living needs for food, shelter and utilities in the following way: If a friend or relative is helping pay your bills, please list name(s) and phone number(s) Food: Shelter: During the 3 months listed above, did anyone in your household have sources of income you did not think to report? If you mark any of the boxes below, you have received income/assistance. Please provide proof. Full-time job Part-time job Self-employed Working for cash Workers Compensation Unemploymen 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 Counts Gredit Cards Gifts Other: ***Payments made by others to provide regular support for your household are considered income** I authorize LEKT LIHEAP program to verify information offered on this Zero Income form. Applicant Signature Date I have verified through ACES there are no conflicts of income information apparent at the time of application and any conflicts have been clarified and explained in the memo to record on file for this client.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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Fyou mark any of the boxes below, you have received income/assistance. Please provide proof. Full-time job	or odd jobs in exchange	for food, shelter, or utilities.	
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County/Government Program		·	
Pension Tribal Payments Rental Income Earned Income Credit Savings Home Equity Loan Other Loans Credit Cards Gifts Other:			
**Payments made by others to provide regular support for your household are considered income ** I authorize LEKT LIHEAP program to verify information offered on this Zero Income form. Applicant Signature Date			
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LIHEAP Coordinator Signature Date	Applicant Signa I have verified thro	ugh ACES there are no con	nflicts of income information apparent at the time of
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