



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM Zero Income Documentation

I. Applicant: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
 Register Number: \_\_\_\_\_

<u>Type of Expense</u>	<u>Does household have this expense?</u>	<u>Amount of Monthly Payment</u>	<u>Expense Month</u>	<u>Current Status of Payment of This Expense?</u>	<u>Expense Year</u>	<u>Date of Last Payment</u>	<u>Amount Paid</u>
Rent/House Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Wastewater	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Cable TV Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Car/Furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
Credit Card Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
<b>List other expenses, including food, in the spaces below:</b>							
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	_____	_____	\$ _____

Does anyone give the household money to help pay any of the above expenses?  Yes  No  
 If yes, give details of the expense payment below:

<u>Giver's Name</u>	<u>Frequency</u>	<u>Expense</u>	<u>Date Last Contributed</u>	<u>Contribution Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

III.  If no one provides any contributions, the expense(s) remains unpaid, or the household has had no earnings during past several months, document how the household's needs have been met (attach separate sheet if necessary):

A. Total Available Monthly Income	\$ _____	B. Total in bank account(s)	\$ _____
C. Total Expenses	\$ _____	D. Total Amount Actually Paid	\$ _____

If C and/or D are greater than the sum of A and B, explain the resolution of the discrepancy: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IV. Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

V. **STATEMENT OF ATTESTATION**

I acknowledge that 18 U.S.C. § 1001, "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: \_\_\_\_\_