



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)		\$ _____		

SECTION IV: MEETING BASIC NEEDS

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION V: STATEMENT OF ATTESTATION

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.

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

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