

Energy Assistance Program Zero Income Affidavit

Income Period:	Name of adult member(s) with Zero Income:	Last date of Employment:	Date of Last Pay:
From:			
To:			
Application #:			
Head of Household Name:			

The dates may not be in the 30-day timeframe, but "Last date of Employment" and "Date of Last Pay" **must** be entered for each adult with zero income.

1. Have any of the above-listed household members received cash or check(s) as payment for work performed in the last 30 days? *Example: hair styling, babysitting, lawn/snow maintenance, car repair, scrap metal, etc.

Yes* No Continue **to question 2**

*If yes, the person is **not a Zero Income Adult**.

2. Have any of the above-listed household members received any cash gifts in the last 30 days? *Example: A friend or relative gives you \$50 this month as a gift to help with your living expenses.

Yes* No Continue **to question 3**

*If yes, this is considered "unearned income"; therefore, the person is **not a Zero Income Adult**.

3. Have any of the above-listed household members received any loans in the last 30 days? *Example: A friend or relative loans you money this month to help with your living expenses.

Yes* **CONTINUE** No Continue **to question 4**

*If yes, this is not considered income, but is assumed as a debt to be paid back at a later time; therefore, the recipient **may be considered a Zero Income Adult**. Please indicate below the amount of the loan, and the name of the person assisting you, then continue to question 4.

Amount of Loan	Person Assisting	Amount of Loan	Person Assisting

4. Does any person or agency pay any of your expenses, such as rent, mortgage, utilities, directly to the landlord, mortgage or utility company? Answer a, b, or c below:

a. Yes - **COMPLETE TABLE BELOW** b. No - **COMPLETE TABLE BELOW- how are you meeting your needs with no income?**

c. All Expenses were covered by household's recorded income. **SKIP TO INITIALS AND SIGNATURES.**

For a. or b., if any expenses were *not* covered by household's recorded income, complete the table below and indicate which expenses were **paid directly** and by whom. Include the 30-day expense totals, and explain below how the expenses have been met in the household (such as SNAP, Section 8, etc.). Indicate the name of the person assisting, and complete the **Verification of Paying Household Bills Affidavit, in addition to the Zero Income Affidavit**. If a cash gift is received, see #2 (above).

Type of Expense	Amount	How was the need met?	Name of person assisting <i>directly</i>
Food			
Housing			
Transportation			
Utilities			
Basic living needs*			

*Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.

_____ I certify the information provided above is true and a complete statement of facts.

_____ I understand: I may be required to provide proof of any information given. False information will invalidate this form and may require the return of any benefits received based on the false information.

_____ I understand all adult household members are subject to further verification of the income information provided. ***This form must be completed in full or my application will be DENIED.***

Assistance was needed to fill out this form: Yes No

_____ Applicant Signature

_____ Date

_____ Intake Worker Signature

_____ Date