



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
ZERO INCOME DOCUMENTATION FORM

I. Date of Interview (if applicable): _____

Applicant: _____ Register Number: _____

II. <u>Type of Expense</u>	<u>Does Household Have This</u>	<u>Amount of Monthly Payment</u>	<u>Current Status of Payment of this Expense</u>	<u>Date of Last Payment</u>	<u>Amount Paid</u>
Rent/House Payment	<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	\$ _____	_____	_____	\$ _____
List other expenses, including food, in the spaces below:					
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	_____	\$ _____
_____	<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, complete the following section:

III. <u>Giver's Name</u>	<u>Frequency</u>	<u>Expense</u>	<u>Date Last Contributed</u>	<u>Amount of Contribution</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

A.	Total Household Contributions	\$	B.	Total in Bank Account	\$
C.	Total Expenses	\$	D.	Total Expenses Paid	\$

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

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:** _____

Worker's Signature: _____ **Date:** _____