



LIHEAP ZERO INCOME STATEMENT FORM

Date: _____

I, (Full Name) _____, (SSN) _____

do hereby certify that I am unemployed and have no income for the following reason:

(check appropriate reason(s))

Laid off. Enter month and year of last date worked _____

The job I had was seasonal and has ended

I am unable to find employment

I have been or am (*circle one*) **sick / injured** and unable to return to work.

I expect to return to work by (month/year) _____

I have small children and no one to care for them except me.

My only source of income is from _____

I am no longer eligible for Unemployment Benefits.

I receive assistance from the La. Dept. of Social Services:

(*circle all that apply*) Food Stamps, TANF funds, OTHER: _____

Other (*Please use the space below to write any conditions that are not covered above.*)

I understand that if I knowingly give **incomplete**, **inaccurate**, or **incorrect** information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature: _____

Client Signature

Agency Representative

NOTE: THIS FORM SHOULD BE COMPLETED FOR ALL ADULT HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER WHO REPORT ZERO INCOME.