



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.

Effective: January 1, 2022