



LIHEAP ZERO INCOME SUPPLEMENTAL SHEET

APPLICANT NAME: _____

MONTHLY EXPENSES

MONTHLY INCOME

SECTION 1: HOUSEHOLD MONTHLY EXPENSES

RENT/MORTGAGE	
FOOD PURCHASES	
AVG. ELECTRIC BILL	
AVG. GAS BILL	
AVG. WATER BILL	
SEWER/GARBAGE	
HOME TELEPHONE	
CELL PHONE	
CABLE/SATELLITE	
CLOTHING EXPENSES	
SCHOOL EXPENSES	
MEDICAL EXPENSES (NOT MEDICINE)	
PRESCRIPTION EXP	
TOTAL HOUSEHOLD	

SECTION 3: MONTHLY INCOME

SELF EMPLOYMENT	
WAGES	
SSA	
SSI	
VETERANS PENSION	
UNEMPLOYMENT	
WORKMAN'S COMP	
RENTAL INCOME	
ALIMONY	
TANF CASH ASSISTANCE	
REGULAR CONTRIBUTIONS	
*FAMILY	
*FRIENDS	
OTHER	
TOTAL INCOME	

SECTION 2: VEHICLE MONTHLY EXPENSES

CAR NOTE	
AUTO INSURANCE	
AVG. FUEL COST	
TOTAL VEHICLE	
TOTAL HOUSEHOLD EXP	
TOTAL VEHICLE EXPENSES	
OTHER (IF ANY)	
TOTAL EXPENSES	

SECTION 4: EXEMPT INCOME

FOOD STAMPS	
AFDC	
CHILD SUPPORT	
OTHER INCOME	
TOTAL EXEMPT INCOME	

INSTRUCTIONS:

1. ENTER EXPENSES AMOUNT REPORTED BY APPLICANT IN SECTION 1 AND 2.
2. ENTER INCOME AMOUNTS IN SECTION 3 AND 4.
3. THE INTAKE WOKER MUST ASK APPLICANT FOR WRITTEN EXPLANATION OF INCOME SOURCES, IF ANY. (FOR EXAMPLE, ASK APPLICANT HOW THEIR EXPENSES ARE BEING PAID. THE INTAKE WORKER MUST DOCUMENT THE APPLICANT'S FILE WITH THIS INFORMATION UNDER SECTION 3 AND 4.)

***NOTE:** ALL REGULAR CONTRIBUTIONS RECEIVED FROM FAMILY AND/OR FRIENDS MUST BE DOCUMENTED ON THE STATEMENT OF CONTRIBUTIONS FORM, WHICH IS TO BE FILLED OUT, SIGNED AND DATED BY THE PERSON GIVING THE CONTRIBUTION.

I CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION PRESENTED ABOVE IS ACCURATE.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENCY REPRESENTATIVE'S SIGNATURE: _____ DATE: _____