

**LOW-INCOME / NO INCOME FORM**

**(For use in cases of "no income" or when monthly income is equal to or less than \$100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.**

Application #: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Your monthly calculated income of \$\_\_\_\_\_ is within \$100 of your housing cost of \$\_\_\_\_\_.

**1)** Please explain how you meet your basic living expenses specifically:

Utilities \_\_\_\_\_

Rent/mortgage \_\_\_\_\_

Clothing, personal care, medical expenses \_\_\_\_\_

Car and/or transportation expenses \_\_\_\_\_

Other \_\_\_\_\_

**2)** Do you have any overdue bills or collection notices?  YES  NO If Yes, **you must provide copies of one month's bills/notices.**

- Rent  Mortgage  Electric  Gas  Car Loan  Medical
- Credit cards  Cable TV  Telephone  Other \_\_\_\_\_

**3)** Have you: a) made any withdrawals from your bank  YES  NO  
If Yes, submit copies of bank statements which show amounts and dates.

b) received support from others to help meet your living expenses?  YES  NO  
If Yes, complete a *Financial Assistance Statement* form. A *Financial Assistance Statement* is required if the support for others has lasted over 30 days.

**4)** How do you obtain food?  SNAP (Food Stamps)  WIC  Other \_\_\_\_\_

**5)** Do you receive other non-cash assistance?  YES  NO  
If yes, please specify: \_\_\_\_\_

**I certify that all statements contained on this form and in my application are true. I understand that in the case of a fraudulent statement or misstatement of information on this form and application, I may be liable for the full value of any assistance received.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(print name)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.