PEOPLE ACTING IN COMMUNITY ENDEAVORS
For Brighter Futures

# HOME ENERGY ASSISTANCE PROGRAM (HEAP)

## 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 _____
Your monthly 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: _____
6. If you have a bank account, provide a current bank statement.

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: _____

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# NO INCOME (ZERO INCOME) STATEMENT

Each adult (ages 18+) household member reporting no income (zero income) is required to complete this statement form.

**Application #: _____**

I, _____, certify that I have (**choose one** of the following)
Print Name

☐ **Never** received any income.

## Or

☐ Received no income or money from _____/_____/_____ to_____/_____/_____.
Date last received income/money — Current date or date started to receive income/money again

Indicate the type of income that stopped: _____

Indicate the reason why the income stopped: _____

I certify that all statements contained on this form and in my application are true. I authorize P.A.C.E., Inc. to examine my tax return in order to verify my income. I understand that in the case of a fraudulent statement or misstatement of "no income" I may be liable for the full value of any assistance received.

_____ _____
Signature of Person Date