



## STATEMENT REGARDING ZERO INCOME

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** or **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: \_\_\_\_\_

Please provide a writing statement on: **How you are paying your monthly expenses?**

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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: \_\_\_\_\_

Customer Signature

\_\_\_\_\_

Agency Representative

# Zero Income Supplement Sheet



APPLICANT: \_\_\_\_\_

## MONTHLY EXPENSES

## MONTHLY INCOME

### SECTION 1

#### HOUSEHOLD MONTHLY EXPENSES

- 1 RENT/ MORTGAGE \_\_\_\_\_
- 2 FOOD PURCHASES \_\_\_\_\_
- 3 AVG. ELECTRIC BILL \_\_\_\_\_
- 4 AVG. GAS BILL \_\_\_\_\_
- 5 AVG. WATER BILL \_\_\_\_\_
- 6 SEWER/GARBAGE \_\_\_\_\_
- 7 HOME TELEPHONE \_\_\_\_\_
- 8 CELL PHONE \_\_\_\_\_
- 9 CABLE/SATELLITE \_\_\_\_\_
- 10 CLOTHING EXPENSE \_\_\_\_\_
- 11 SCHOOL EXPENSES \_\_\_\_\_
- 12 MEDICAL EXPENSES \_\_\_\_\_  
(NOT MEDICINE)
- 13 PRESCRIPTION EXP \_\_\_\_\_
- 13A Total #1-13 \_\_\_\_\_

### SECTION 2

#### VEHICLE MONTHLY EXPENSES

- 14 CAR NOTE \_\_\_\_\_
- 15 AUTO INSURANCE \_\_\_\_\_
- 16 AVG FUEL COSTS \_\_\_\_\_
- 16A Total 14-16 \_\_\_\_\_

ADD: 13.A \_\_\_\_\_

PLUS 16.A \_\_\_\_\_

Other (if any) \_\_\_\_\_

18 TOTAL EXP \_\_\_\_\_

### SECTION 3

#### MONTHLY INCOME

- 15 SELF EMPLOYMENT \_\_\_\_\_
- 16 WAGES \_\_\_\_\_
- 17 SSA \_\_\_\_\_
- 18 SSI \_\_\_\_\_
- 19 VETERANS PENSION \_\_\_\_\_
- 20 UNEMPLOYMENT \_\_\_\_\_
- 21 WORKMAN'S COMP \_\_\_\_\_
- 22 RENTAL INCOME \_\_\_\_\_
- 23 ALIMONY \_\_\_\_\_
- 24 TANF CASH ASSISTANCE \_\_\_\_\_
- CONTRIBUTIONS
- 25A FAMILY \_\_\_\_\_
- 25B FRIENDS \_\_\_\_\_
- 26 OTHER \_\_\_\_\_
- 27A Total # 15 – 26 \_\_\_\_\_

### SECTION 4

#### EXEMPT INCOME

(Not Counted)

- 28 FOOD STAMPS \_\_\_\_\_
- 29 AFDC \_\_\_\_\_
- 30 CHILD SUPPORT \_\_\_\_\_
- OTHER INCOME
- 31A TOTAL EXEMPT \_\_\_\_\_

### SECTION 5

#### Expenses vs. Income

ENTER TOTAL EXPENSE \_\_\_\_\_

**SUBTRACT (27A)** \_\_\_\_\_

**SUBTRACT (31A)** \_\_\_\_\_

32 HOUSE HOLD REVENUE: \_\_\_\_\_

#### Instructions:

1. Enter Expense amounts reported by applicant in Sections 1 and 2.
2. Enter Income amounts in sections 3 and 4.
3. Transfer Expense and Income Totals to Section 5.
4. If the amount in line 32 is greater than zero, it must be included as income and the applicant shall provide a written explanation of the income source.

Date: \_\_\_\_\_ I certify to the best of my knowledge in information presented above is accurate.

Applicant's Signature: \_\_\_\_\_