

Primary Applicant's Name: _____

Client required to complete form: _____

SELF DECLARED AND ZERO INCOME

(USE ONLY IF ALL OTHER INCOME VERIFICATION HAS BEEN EXHAUSTED)

I declare that for the above three/twelve (3 or 12) months my **GROSS** income was as follows:

Gross Income Amounts:

Jan \$ _____ Feb \$ _____ Mar \$ _____ Apr \$ _____

May \$ _____ Jun \$ _____ Jul \$ _____ Aug \$ _____

Sep \$ _____ Oct \$ _____ Nov \$ _____ Dec \$ _____

Received above monies from:

Name _____ Phone Number _____

Employer _____ Phone Number _____

Last day worked _____

Explain income, lack of income, or inaccurate DSHS benefit printout:

Explain what efforts were made to obtain documentation and why it could not be obtained:

How did you meet the costs for:

SHELTER: _____

FOOD: _____

UTILITIES: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature: _____ **Date:** ____/____/____

If any month is zero income the DSHS-LIHEAP web site was checked & BVS attached _____
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