



SELF-DECLARATION OF ZERO INCOME

Applicant's Name: (please PRINT)	Last 4 digits of SSN:
Applicant's Address:	
Applicant's Phone Number:	
	om employment, TANF/POWER, self-employment, retirement rkers compensation benefits, child support, social security, y other source(s) of income.
	needs below (do NOT list dollar amounts): For example: , Phone, and Household Necessities. If money is received from) stating frequency and amount.
I am taking the following actions to improve my	y current financial situation:
Applied for or receiving SNAP	Applied for or receiving TANF/POWER
Budget/Financial Counseling	Registered with Workforce Services
Reduced monthly expenses	Implemented Household Budget
Reduced Energy Consumption	Applied for Unemployment Benefits
Other (Explain)	
	ffirm that all information contained in the application and to the best of my ability, knowledge, and belief.
Signature:	Date:

LIEAP ID: {hhid}

Revised 6/20/2022