

FOCUS ON ENERGY[®]

Income-Qualified Zero Income Form

Name (First, Middle Initial, Last)	<input type="checkbox"/> Head of Household <input type="checkbox"/> Household Member
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1. Last date of employment: _____

2. Have you received cash for work performed in the last 3 months?

Yes* No

**Example: braiding hair, babysitting, lawn/snow maintenance, car repair, etc. If yes, complete the Self-Employed Income Report (S-EIRF) to report this income.*

3. List any money received from family, friends, or donations in the 3 months specified:

	1	2	3
Month			
Amount			

a. Was the money received as a loan or gift/donation? Loan Gift/donation

4. Please explain below how the following expenses have been met in the household:

Food	
Housing	
Transportation	
Utilities	
Basic living needs*	

**Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.*

I certify that the information provided above is true and complete statements of facts. I also understand that I may be required to provide proof of any information given and that giving false information will invalidate this form and may cause my application to be denied.

Application Signature

Date Signed