

ENERGY ASSISTANCE PROGRAM – ZERO INCOME SELF-DECLARATION FORM

Please complete and sign this form if you have claimed zero or no income on the attached application. **Failure to complete this form will delay the processing of your HEAP application and affect your PIPP Plus enrollment/re-verification.** Leaving the form blank or writing N/A or dashes (---) is not acceptable. If more than one adult household member claims zero or no income, you will need to provide copies of this form for all qualifying household members.

Please Print	First Name	M. I.	Last Name	Client Number
	Current Address			Your Social Security Number
	City	State	Zip code	Daytime Telephone including Area Code ()

Explain how you have paid your monthly bills for at least the past 90 days:

Ohio

John R. Kasich, Governor

**Development
Services Agency**

David Goodman, Director

If a non-household member is helping pay your bills, list name (s) and phone number (s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly.

First Name	Last Name	Daytime Telephone including Area Code ()
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Explain how you are paying the following monthly expenses:

Bill	Monthly Amount	If paid by someone else, it is:	Bill	Monthly Amount	If paid by someone else, it is:
Rent/Mortgage	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Car Payment/Insurance	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Food	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Cable/Internet	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Gas	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Personal Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Electric	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Phone/Cell	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Other Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan

I understand that by signing this form, I authorize the Ohio Development Services Agency's Office of Community Assistance, or its designated representatives access to public assistance, social security, employment or other records needed to verify any statements I have made.

X Signature _____ Date _____
