Wisconsin Home Energy Assistance Program (WHEAP)
Zero Income Form

Shaded areas to be filled out by WHEAP agency

Due Date:	Name:
Application #:	☐ Case Head ☐ Household Member

1. Last date employed: _____

2. Did you receive cash for work in any of the last 12 months? ☐ Yes* ☐ No
   *Example: braiding hair, babysitting, lawn/snow maintenance, car repair, etc. If yes, complete the Self-Generated Income Report Form to report this income.

3. List any cash you received from family, friends, or donations in the 3 months specified. Please specify if the cash was received as a loan or gift/donation and from whom:

List each month						
Identify Type	☐ Loan	☐ Gift/donation	☐ Loan	☐ Gift/donation	☐ Loan	☐ Gift/donation
Amount Received						
From Whom						

4. Did someone pay any of your bills directly to the source (landlord, mortgage, utility, etc.) during the three months listed above? ☐ Yes ☐ No
   If **Yes***, complete the following contact information:
   *If more than one individual helped, please attach additional sheet of paper.

Name: _____

Address: _____
Street City State Zip Code

Phone Number: _____ (type: ☐ home ☐ cell ☐ work)

5. Please list the monthly expense and explain how the expenses have been met in the household:

Expense	**Monthly Expense Amount**	**Explanation**
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 require the return of any benefits received based on the false information.

_____ _____
Signature Date