

West Virginia Department of Health and Human Resources

ZERO INCOME/HOME HEATING COST VERIFICATION FORM

If you are claiming zero income, please complete this form.

I hereby verify that my income for the month of \_\_\_\_\_, \_\_\_\_\_ is/will be zero.

My living expenses are:

- Food
- Home Heating
- Clothing
- Utilities
- Shelter
- Other \_\_\_\_\_

Please state below how you have provided for the costs of the items circled above:

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

You must obtain the signature, name, address and phone number of the person who can verify the information you provided above. This must be entered below before a decision can be made on your application. Return this form with the required information as instructed by the Worker.

I certify that the above information provided by \_\_\_\_\_ is true and correct to the best of my knowledge.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

---

Phone: \_\_\_\_\_

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date Issued