

**HOUSEHOLD EXPENSE  
DEFICIT STATEMENT (ZERO INCOME)**

**TO BE FILLED OUT IF THE CLIENT HAS:**

- 1) NO INCOME; OR**
- 2) INSUFFICIENT INCOME TO MEET LIVING EXPENSES**

Name: \_\_\_\_\_ For the Month & Year of \_\_\_\_\_

**A. Check one of the following: (then complete Section B)**

1. This statement is to verify that I (nor any member of my household) have not received earned or unearned income from any source during the month and year noted above. I also certify that I/we do not receive income from family or friends on a consistent basis.

**Reason for loss of income:** \_\_\_\_\_

2. This statement is to verify how my household was able to meet expenses even though our income was less than our living expenses.

**B. How expenses were met: In order to meet expenses for the month above I/we:**

- Used Savings
- Didn't pay any bills
- Borrowed money
- OTHER (please explain below)

Other explanation:

I am aware that providing false information to the Weatherization Program is grounds for denial of my application or may require that I repay in full any payment made on behalf of my household from the Weatherization Program. By signing below, I hereby acknowledge and understand the information provided in this statement is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date