

**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

In the County of _____, State of Utah, on this _____, day of _____, 20_____, before me, the undersigned notary, personally appeared _____, who provided to me his/her identity through documentary evidence in the form of a _____ to be the person whose name is signed to the preceding document, and acknowledge to me that he/she signed it voluntarily for its state purpose.

(Notary Public Seal)

Notary Signature