



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:

Multiple horizontal lines for providing details on costs.

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: _____

Horizontal line for address continuation.

Phone: _____

Worker's Signature

Date Issued