

**West Virginia Department of Health and Human Resources**  
**ZERO INCOME/HOME HEATING COST VERIFICATION FORM**

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

My living expenses are:

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Food     | <input type="checkbox"/> Home Heating |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Utilities    |
| <input type="checkbox"/> Shelter  | <input type="checkbox"/> Other _____  |

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

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

\_\_\_\_\_  
Date

You must obtain the signature, 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: \_\_\_\_\_

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

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

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