**Primary Applicant's Name:** _____

**Client required to complete form:** _____ **or Self:** ☐

## SELF DECLARED AND ZERO INCOME

**(USE ONLY IF ALL OTHER INCOME VERIFICATION HAS BEEN EXHAUSTED)**

I declare that during the previous three/twelve (1 or 3 or 12) months my ***GROSS*** income was as follows:

**Gross Income Amounts:**

Jan $_____ Feb $_____ Mar $_____ Apr $_____

May$_____ Jun $_____ Jul $_____ Aug $_____

Sep$_____ Oct $_____ Nov $_____ Dec $_____

Received above monies from:

Source 1: Name/Employer:_____ Phone Number:_____

Source 2: Name/Employer:_____ Phone Number:_____

Last date worked:_____

*Explain income, lack of income, or inaccurate DSHS benefit printout:*

_____

_____

_____

*Explain what efforts were made to obtain documentation and why it could not be obtained:*

_____

How did you meet the costs for:

**SHELTER**: _____Behind: ☐ Spokane Housing Authority: ☐

**FOOD**: _____Foodbank: ☐ EBT: ☐ Friends/Family: ☐

**UTILITIES**: _____Behind: ☐ Emergency Grant: ☐

**I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.**

**Client Signature:** _____ **Date:** _____

If any month is zero income the DSHS-LIHEAP web site was checked & BVS included: _____
Intake Initials

Client declined SNAP access to BVS: _____
Intake Initials

Multiple Years Zero, HH Cost counted as income:
**Multi-Year Zero income?** ☐

Updated: Joe 10/2025