Wisconsin Home Energy Assistance Program (WHEAP)
Zero Income Form (ZIF)

Shaded areas to be completed by WHEAP agency

Due Date:	Name:
Application #:	☐ Case Head ☐ Household Member:

1. Last date of employment:_____ 2. Date of last paycheck: _____

3. Are you seasonally employed? ☐ Yes* ☐ No

*Example: teacher, construction worker, roofer, etc.

4. Do you work for cash or are you an independent contractor? ☐ Yes* ☐ No

*Example: Uber, Lyft, Instant Cart, styling hair, childcare, odd jobs, etc.
If you answer **Yes** to this question, you must use the Self-Generated Income Reporting Form (SGIRF) instead of the Zero Income Form (ZIF).

5. List any cash you received from family, friends, or donations in the prior month. Please specify if the cash was received as a loan or gift/donation and from whom. Add lines if necessary.

List prior month		
Identify Type	□ Loan	□ Gift/donation*
Amount Received		
From Whom		

**If a gift or donation was received, verification may be required from the gift giver.*

6. Did someone help you pay your bills during the prior month listed above? ☐ Yes* ☐ No

If **Yes***, complete the following contact information, Name: _____ Phone: _____

7. Have you received or are you currently receiving unemployment? ☐ No ☐ Yes Date of last payment __

8. Please list the monthly expense and explain how the expenses have been met in the household:

Expense	Monthly Expense Amount	Explanation
Food		
Housing		
Transportation		
Utilities		
Basic living needs*		

*Example: clothing, pet supplies, diapers, cleaning supplies, personal hygiene products, etc.

Explain how you have paid your monthly bills for the past 30 days: _____

_____

_____

_____

_____