

State of Utah Department of Workforce Services HOUSEHOLD INCOME DEFICIT STATEMENT

To be filled out by each adult household member or married couple when income is not enough to meet basic living expenses. Answer all questions thoroughly or your Weatherization application may be denied.

Name(s):	ne(s): Eligibility month and year:				
	income to meet your expense				
	ot reflects your situation: ny money from any source du ved for the month above was	•			
2. How are you getting by?				<u> </u>	
	eet your living expenses? nd from whom?] No	
If yes, how often, for how	long, and how much \$?				
Housing:	g for the following needs for y				
Phone:	Transporta	tion:			
Satellite/Cable/Internet:	Food:				
Personal Items (soap, toile	et paper, diapers, etc.):				
Additional documentation may be denied.	required and must be provided within	n 10 days of request	or your application will be)	
that I repay in full any payment ma	ormation to the HEAT program is gro de in behalf of my household from the nd the information provided in this s	ne Weatherization pro	ogram. By signing below,		
Client Signature:	ure:		Date:		
	, State of Utah, on this				
before me, the undersigned notary, per	sonally appeared	, who provi	ded to me his/her identity		
	form of a		on whose name is signed to		
the preceding document, and acknowle	edge to me that he/she signed it voluntarily f	or its state purpose.			
(Notary Public Seal)		Notary Signature			