



State of Utah
Department of Workforce Services
HOUSEHOLD INCOME DEFICIT STATEMENT

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

Name(s): _____ Eligibility Month (Last Month): _____

1. Why didn't you have enough income/any income to meet your expenses last month? Explain your situation:

2. How did you pay the following household expenses last month?

Housing: _____ Utilities: _____

Groceries/Food: _____

3. Did anyone help you meet your household expenses last month? ☐ Yes ☐ No **If YES:**

a. From whom? _____

b. What type of help?

c. How much (dollar amount): _____

d. For how long (check one): ☐ 0 to 3 months ☐ 4 or more months

I am aware that providing false information to the HEAT program is grounds for denial of my application or may require that I repay in full any payment made on behalf of my household from the HEAT program. By signing below, I hereby acknowledge and understand the information provided in this statement is true to the best of my knowledge.

Additional documentation may be required and must be provided within 10 days of request or your application will be denied. Examples of additional documentation may include but are not limited to copies of bank statements for the past three months, tax transcripts, documents from past or present employers, loan documents, statements from friends, family, or organizations providing assistance, and any other documentation deemed necessary.

Signature: _____/s/_____ Date: _____

Please mail, email, or fax completed form to your county HEAT agency listed here:

<https://jobs.utah.gov/housing/scso/seal/offices.html>

Click on the link for your local HEAT office at the top of the page.

Internal Use Only:	Applicant Name: _____
	HEAT Application #: _____ HEAT Worker: _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.