



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 HEAT application may be denied.**

Name(s): \_\_\_\_\_ Income month and year: \_\_\_\_\_

Reason for financial deficit situation: \_\_\_\_\_

1. Check the option that best reflects your situation:

- I/we did not receive any money from any source during the month above.
- The money I/we received for the month above was less than our living expenses.

2. Explain your current financial situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does anyone help you meet your living expenses? .....  Yes  No

If yes, how often? \_\_\_\_\_

If yes, what type of help and from whom? \_\_\_\_\_

4. Explain in detail how you are paying expenses:

Housing: \_\_\_\_\_ Utilities: \_\_\_\_\_

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

Satellite/Cable: \_\_\_\_\_ Food: \_\_\_\_\_

Personal Items (soap, toilet paper, diapers, etc.): \_\_\_\_\_

*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.*

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 in 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.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Opportunity Employer Program**

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