Wisconsin Rental Assistance Program (WRAP)
One-Month Zero Income Form (ZIF) Due To COVID-19

Shaded areas to be completed by WRAP agency

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

1. Last date of employment: _____

2. Did you receive cash for work in the prior month? ☐ Yes* ☐ No
   *Example: braiding hair, babysitting, lawn/snow maintenance, car repair, etc
   .

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

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

**If a gift or donation was received, a verbal or written statement is required from the gift giver.*

4. Did someone help you pay your bills during the prior month listed above?
   If **Yes***, complete the following contact information: ☐ Yes ☐ No
   *If more than one individual helped, please attach additional sheet of paper.

Name:_____

Address: _____
Street City State Zip Code

Phone Number:_____(type: ☐ home ☐ cell ☐ work)

5. Please list the following monthly expenses 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, diapers, cleaning supplies, personal hygiene products, etc.

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

_____

_____

_____

I certify that the information provided above is true and complete statements of facts. I also understand that I may be required to provide proof of any information given and that giving false information will invalidate this form and may require the return of any benefits received based on the false information. By typing my name in the signature field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

_____ _____
Signature Date