

# Verification of Income & Expenses

Applicant Name: \_\_\_\_\_ Household Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Your application for Energy Assistance did not show enough income to pay your monthly bills. Please complete this form to tell us how your living expenses were paid for these three months: \_\_\_\_\_

**IMPORTANT: Your application may be denied if you do not complete this form.**

**List your monthly bills:**

Bill	Monthly amount	Bill	Monthly amount
Rent/Mortgage		Car Payment/Insurance	
Food		Gas	
Heat		Cable/Internet	
Electric		Personal Items	
Phone/Cell		Other Expenses	

**How have you paid your monthly bills?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If someone helped pay your bills in the 3 months listed above, list their name, address and phone number below:

1. \_\_\_\_\_ Gift. 3 month total: \$ \_\_\_\_\_
2. \_\_\_\_\_ Loan. 3 month total: \$ \_\_\_\_\_

**Do you live with a friend or relative? Yes No**

If Yes, list name and phone number:

**During the 3 months listed above, did anyone living in your home have these sources of income?**

Check all that apply and **send proof with this form:**

- Full-time job Part-time job Self-employed Workers Compensation Unemployment Social Security/SSI Annuity Payments Pension Tribal Payments Rental Income County/Government Program Working for cash (regular income) Other \_\_\_\_\_

Check all that apply: (no proof required)

- Emergency or Housing Assistance Child Support Earned Income Credit Savings Home Equity Loan Other Loans Credit Card Insurance Benefits

**For unemployed household members:**

Name \_\_\_\_\_ Last date worked: \_\_\_\_\_

Name \_\_\_\_\_ Last date worked: \_\_\_\_\_

Payments made by others to provide support for your household are considered income.

By signing this form, I affirm that I believe these facts are accurate and true. I give the local EAP Service Provider my permission to verify this information. I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tri-CAP Email: [general@tricap.org](mailto:general@tricap.org)

Tri-CAP Fax: (320) 654-9473