EAP Verification of Income & Expenses

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

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

Your Energy Assistance application did not show enough income to pay your bills. Complete this form to tell us how you paid your living expenses for the month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**How have you paid your monthly bills?** If you have not paid them, please also explain: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If someone helped pay your bills in the month listed above, fill in the info below:**

|  |  |
| --- | --- |
| **Name** | **Amount** |
|  | Gift total: $ Loan total: $ |
|  | Gift total: $ Loan total: $ |

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

If yes, list name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For unemployed household members:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Last date worked** | **Last paycheck date** |
|  |  |  |
|  |  |  |

**In the month listed above, did anyone living in your home have these sources of income? Check all that apply and send income proof with this form:**

🞏 Full-time job

🞏 Part-time job

🞏 Self-employed

🞏 Gig work (Lyft/Uber, DoorDash, Instacart, etc.)

🞏 Working for cash

🞏 Social Security/SSI

🞏 Pension/Annuity payments

🞏 Retirement income

🞏 County/Government program

🞏 Unemployment Insurance income

🞏 Rental income

🞏 Workers Compensation

🞏 Tribal payments

🞏 Alimony or Spousal support

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

By signing this form, **I affirm these facts are accurate and true for all household members. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_