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 the month of: \_\_\_\_\_\_\_\_\_\_\_\_\_

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 you have not, please explain. | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| If someone helped pay your bills in the month listed above, list their name below: | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Gift. Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Loan. Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |
| --- |
| Do you live with a friend or relative? 🞏 Yes 🞏 No |
| If Yes, list name and phone number: |
| During the month 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_