Service Provider Name, Phone & Address

COMMERCE DEPARTMENT

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: _____