

Three Rivers Community Action
 300 11th Avenue NW, #110
 Rochester, MN 55901
 Phone: 507-316-0610 email: energyassistance@threeriverscap.org



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: _____