

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

CAA _____	Primary Applicant _____
Address _____	Application ID# _____
_____	Application Date _____
Phone _____ Fax _____	

HEAP INCOME VERIFICATION

INSTRUCTIONS: Complete a separate form for each household member with income. Return the completed HEAP Income Verification to the CAA identified above.

Household Member with Income _____
Social Security Number _____

<input type="checkbox"/> Wages	\$ _____	<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Interest	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Workers Comp	\$ _____
<input type="checkbox"/> Other	\$ _____				

Signature of Household Member with Income _____
Date

To be completed by Employer

The Household Member named on this Verification earned the following income:

12 Months Income:

From _____ To _____ \$ _____
and/or

3 Months Income:

Month	_____	\$ _____
Month	_____	\$ _____
Month	_____	\$ _____
Month	_____	\$ _____

Business Name	_____	Phone	_____
Business Address	_____		
Authorized Representative	_____	Title	_____
Authorized Signature	_____	Date	_____