

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

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_  
\_\_\_\_\_ CAA Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Client Number: \_\_\_\_\_  
City State Zip: \_\_\_\_\_

**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 \_\_\_\_\_

Wages \$ \_\_\_\_\_  Pension \$ \_\_\_\_\_  Interest \$ \_\_\_\_\_  
 TANF \$ \_\_\_\_\_  Child Support \$ \_\_\_\_\_  Workers Comp \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Signature of Household Member with Income \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Employer**

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

Prior 30 day Income Period:

From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

OR

1 Month Income Period:

Month/Year \_\_\_\_\_ \$ \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_