



Monthly Expenses – Verification of Income & Expenses

Community Action Partnership of Ramsey & Washington Counties
Energy Assistance Program
450 Syndicate Street North, Suite 122, St Paul, MN 55104

651-645-6470 – Office
651-603-5984 – Fax
www.caprw.org



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: Complete all that applies to you

Bill	Monthly amount	Bill	Monthly amount	Bill	Monthly amount
Rent / Mortgage	\$	Phone / Cell	\$	Auto Gas	\$
Food	\$	Cable / Internet	\$	Personal Items	\$
Heat / Electric	\$ \$	Car Payment / Insurance	\$ \$	Other Expenses	\$

How have you paid your monthly bills? use the back page if more space is needed

If someone helped pay your bills in the 3-months listed above, list their name, address and phone number below:

Full Name / Address	Phone #	Gift or 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 in your home have these sources of income?

Check all that apply and send proof with this form:	Check all that apply: (no proof required)
<input type="checkbox"/> Full-time job <input type="checkbox"/> Part-time job <input type="checkbox"/> Self-employed <input type="checkbox"/> Rental Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Tribal Payments <input type="checkbox"/> Workers Compensation <input type="checkbox"/> County/Government Program <input type="checkbox"/> Social Security / RSDI / SSI <input type="checkbox"/> Annuity Payments <input type="checkbox"/> Pension <input type="checkbox"/> Working for cash (regular income)	<input type="checkbox"/> Emergency or Housing Assistance <input type="checkbox"/> Earned Income Credit <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Insurance Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> Child Support <input type="checkbox"/> Savings <input type="checkbox"/> Other Loans <input type="checkbox"/> Credit Card

For unemployed household members:

Name: _____ Last date worked: _____

Name: _____ Last date worked: _____

Payments made by others to provide regular 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: _____