

ENERGY ASSISTANCE PROGRAM DOCUMENTATION CHECKLIST - PY 2024

NAME:	DATE:
COI	MPLETED APPLICATION – ALL QUESTIONS ANSWERED – SIGNED AND DATED
	PLEASE NOTE: THE APPLICATION CANNOT BE SIGNED BY A MINOR OR NON-HOUSEHOLD MEMBER
PHO	OTO ID FOR HEAD OF HOUSEHOLD (PERSON SIGNING THE APPLICATION)
	CIAL SECURITY CARDS / REAL ID/ PASSPORT FOR ALL HOUSEHOLD MEMBERS
	F UNDER 1 YEAR OLD AND NO SOCIAL SECURITY CARD, A BIRTH CERTIFICATE IS REQUIRED.
'	/ETERANS (NEED TO SHOW PROOF BUT DO NOT HAVE TO PROVIDE A COPY)
1	OOF OF INCOME DOCUMENTATION OR INCOME VERFICATION FOR 18 YEARS AND OLDER
НО	USEHOLD MEMBERS:
	SS / SSI / SSD - AWARD LETTER ALL PAGES OR CLEAN BANK STATEMENT ALL PAGES
	PLEASE NOTE: ALL DEPOSITS ON STATEMENT WILL BE COUNTED AS INCOME
	PENSION / REITREMENT – AWARD LETTER FOR GROSS PAYMENT AMOUNT
	EMPLOYMENT WAGES – LAST 4 MONTHS OF CHECKSTUBS FOR ALL JOBS WORKED DURING THE
	LAST FOUR MONTHS; IF UNDER 1 YEAR OF EMPLOYMENT NEED START DATE AND DATE OF 1ST
	CHECK; INDICATE FULL OR PART TIME STATUS
	UNEMPLOYMENT BENEFITS – COMPLETED DWD RELEASE OF INFORMATION FORM
	SELF EMPLOYMENT – 2022 1040 TAX RETURN WITH ALL SCHEDULES
	WORKER'S COMPENSATION / PRIVATE DISABILITY / ALIMONY / ETC. – ALL DOCUMENTATION
	ODD JOBS / IRREGULAR OR NO INCOME – COMPLETED INCOME VERFICATION AFFIDAVIT
CUI	RRENT UTILITY BILL (ALL PAGES) AND DISCONNECT NOTICE OR PAYMENT PLAN AGREEMENT FOR
	SCO, IF YOU HAVE ONE FOR GAS/ ELECTRIC / LP GAS.
IF U	ITILITIES ARE INCLUDED IN YOUR RENT:
	LANDLORD AFFIDAVIT
	DIRECT BENEFIT PAYMENT FORM
IF U	ITILITIES ARE IN SOMEONE ELSE'S NAME:
	UTILITY AFFIDAVIT
	ANK STATEMENT IS USED FOR PROOF OF INCOME AND HAS ANOTHER MEMBER'S NAME LIST THAT
IS N	IOT IN THE HOUSEHOLD.
	DECLARATION OF ABSENT HOUSEHOLD MEMBER
IF P	REGNANT – A PHYSICIAN STATEMENT IS REQUIRED TO COUNT UNBORN CHILD.