Energy Assistance Program Undocumented Income Verification
This form is to be completed by anyone claiming undocumented income or zero income for any of the three months preceding application. This form must be completed in its entirety.

Househol	d Member	:			Application Key:				Application Date:			
Section 1: Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the gross income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.												
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
May 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	
(Income includes but is not limited to: wages, self-employment, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.) Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.												
☐ Check here if all below needs were met by income of a parent/spouse/partner/roommate in the household												
Rent/Mo	Rent/Mortgage		Utilities			Food			Other Household Expenses (hygiene/personal care, medical needs, cleaning, etc.)			
☐ Assist	☐ Housing Support/voucher ☐ Assistance program:			☐ Included in rent ☐ Assistance program:			☐ SNAP/WIC benefits ☐ Food bank/food pantry ☐ Assistance program:			☐ Assistance program: ☐ Family/friend paid for me		
☐ Famil	☐ Have not paid/am behind☐ Family/friend paid for me☐ Family/friend gave me money:		☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend gave me money:			☐ Family/friend paid for me☐ Family/friend gave me money:			☐ Family/friend gave me money: *Amount: \$			
*Amo	*Amount: \$		*Amount: \$			*Amount: \$						
of the exe falsifies, co statement fictitious, of that the in penalties of release of	ecutive, legionceals, or of conceals, or of conceals, or of conceals and of conceals are concealed are conce	slative, or j covers up b ntation; or nt statemen provided is IC 35-43-5- Tax Return	judicial brally any trick, (3) makes out or entry; strue and color. I authoritor this purionized	and False St nch of the G scheme, or or uses any shall be fined orrect. I und ize state and rpose. I also 91-day perio	Governmer device a m false writind under this erstand the federal against authorize	nt of the Unaterial facting or documes title, and/at by giving gencies to we the release	nited States ; (2) makes nent knowin or imprison ; false inform erify any of	s, anyone wany matering the samed for not be mation on the this information of this information.	who knowir ally false, fire to contain longer than this form I anation and Inby any em	ngly and will ctitious, or any mater five (5) year am subject the cereby cons	Ilfully: (1) fraudulent rially false, rs. I certify to criminal sent to the	
Signature	of Househo	old Member				 Dat	// e	_				