Tri-County Community Action Program, Inc. Energy Assistance Services No/Low Income



NO/LOW INCOME

Applicant Name:	
Reasons for no or low household income:	
Are you unemployed? Yes / No If yes, date unemployed:	Income Verification Form: If employment ended in the last 8 weeks.
Applied for unemployment? Yes / No Are benefits pending? Yes / No Has your unemployment ended? Yes / No	DES Verification Form: If unemployed for 1 yr or less. Date ended:
Are you receiving city/town welfare? Yes / No	Letter from city/town welfare
Are you receiving state welfare or cash assistance? Yes / No	EBT print out , letter, or application
Are you receiving food stamps? Yes / No	EBT print out , letter, or application
Has your spouse left? Yes / No	Date: Address:
Are you receiving child support? Yes / No	Proof of Amount Received or Paid
Is your rent overdue (heat included)? Yes / No Have you been evicted (heat included)? Yes / No Have your utilities been disconnected? Yes / No	Disconnection date:
Received help from family or friend (not in household)? Yes / No	Support letter or statement
Used saving, checking and/or credit card? Yes / No	Bank and/or credit statement
Received other help (churches, etc.)? Yes / No	Explain in comment section below
Comments:	
Please explain how you provided food, rent/mortgage, heat & utilities for be required. Use reverse if more room is needed.	the last 30 days. Documentation ma
Food:	
Rent/mortgage: \$	
Heat:	
Utilities:	
I have given a true and complete statement of facts necessary to allow det if I knowingly give inaccurate or incomplete information about my househo prosecuted for fraud, resulting in possible imprisonment and/or fine.	
Signature:	Date: