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.

Household 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 2026	**June 2026**	**July 2026**	**Aug 2026**	**Sep 2026**	**Oct 2026**	**Nov 2026**	**Dec 2026**	**Jan 2027**	**Feb 2027**	**Mar 2027**	**Apr 2027**

The source of the above income is: _____

(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/Mortgage	Utilities	Food	Other Household Expenses (hygiene/personal care, medical needs, cleaning, etc.)
☐ Housing Support/voucher ☐ Assistance program: _____ ☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: $_____	☐ Included in rent ☐ Assistance program: _____ ☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: $_____	☐ SNAP/WIC benefits ☐ Food bank/food pantry ☐ Assistance program: _____ ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: $_____	☐ Assistance program: _____ ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: $_____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose. I also authorize the release of income information by any employer who may have issued me payment for earnings within the 91-day period preceding the date of application listed above.

_____ ____/____/____

Signature of Household Member ***Date***

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