Tri-Valley Opportunity Council, Inc.
1407 Erskine Street
Crookston, MN 56716
Phone: (218) 281-9080   Toll-Free: 866-264-3729   Fax: (800) 475-3102   Email: eap@tvoc.org

m1 COMMERCE DEPARTMENT

Verification of Income & Expenses

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 the month of: _____

IMPORTANT: Your application may be denied if you do not complete this form.

List your monthly bills:

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

How have you paid your monthly bills? If you have not, please explain.

_____

_____

_____

_____

If someone helped pay your bills in the month listed above, list their name below:

Name: _____ Gift. Total: $_____

Name: _____ Loan. Total: $_____

Do you live with a friend or relative? ☐Yes ☐No

If Yes, list name and phone number: _____

During the month listed above, did anyone living in your home have these sources of income?

Check all that apply and **send proof with this form**:
☐Full-time job ☐Part-time job ☐Self-employed ☐Workers Compensation ☐Unemployment ☐Social Security/SSI ☐Annuity Payments ☐Pension ☐Tribal Payments ☐Rental Income ☐County/Government Program ☐Working for cash (regular income) ☐Other_____

Check all that apply: (no proof required)
☐Emergency or Housing Assistance ☐Child Support ☐Earned Income Credit ☐Savings ☐Home Equity Loan ☐Other Loans ☐Credit Card ☐Insurance Benefits

For unemployed household members:

Name _____ Last date worked: _____

Name _____ Last date worked: _____

Payments made by others to provide 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: _____