

USE THIS FORM IF YOU WORKED FOR CASH, RECEIVED A CASH GIFT, OR HAD ZERO INCOME IN THE 30 TIME FRAME LISTED BELOW

**WESTERN EGYPTIAN EOC
ENERGY ASSISTANCE PROGRAM
INCOME AFFIDAVIT**

APPLICANT NAME _____ COUNTY _____ APPLICATION # _____

I, _____, ATTEST TO THE FACT I HAVE RECEIVED

\$ _____ GROSS INCOME FOR THE PERIOD COVERING:

_____ TO _____

I MET MY FINANCIAL OBLIGATIONS DURING THE 30 DAY PERIOD BY:

DHS INCOME CHECKLIST

Does your household receive Food Stamps/SNAP? *(Please Circle)* YES NO
If yes, how much? \$ _____

Does your household have a Medical Card (s)?
(Please Circle) YES NO

Does your household receive AABD or TANF? *(Please Circle)* YES NO

If YES, how much? \$ _____

INTAKE/VERIFICATION NOTE: Use DHS table of monthly allowances chart. If the amount differs from the chart, the customer MUST have proof of current OHS income.

I understand that to perjure myself in order to obtain assistance is an illegal fraudulent offense for which I can be prosecuted.

Applicant Signature

Date