



**Please return to:**  
**CAP AGENCY ENERGY ASSISTANCE**  
 2496 145th St. West  
 Rosemount, MN 55068  
 PHONE 651-322-3550 FAX 651-322-3557

For office use only  
 HH# \_\_\_\_\_  
 STAFF: ONLINE  
 PRIMARY: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last date of employment: \_\_\_\_\_ Did you claim no income last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive Unemployment, Workers Compensation, Insurance Benefits, Annuity Payments, Pension, Tribal Casino Payments, or Rental Income? \_\_\_\_\_

Are you living off of Savings, Home Equity Loan, Credit Cards, etc.? \_\_\_\_\_

### INCOME SUMMARY

(EXPLAIN HOW/IF EACH BILL WAS PAID)

| <u>Provide the amount of each expense for the 3 months listed</u> |                 |                 |                 | <u>Please explain how you paid for each expense</u><br><i>(wages, savings, gifts, loans, credit cards, etc.)</i> |
|---|-----------------|-----------------|-----------------|--|
| Rent/House Payment  | \$ _____        | \$ _____        | \$ _____        | _____  |
| Lot Rent (if applicable)  | \$ _____        | \$ _____        | \$ _____        | _____  |
| Food  | \$ _____        | \$ _____        | \$ _____        | _____  |
| Heat  | \$ _____        | \$ _____        | \$ _____        | _____  |
| Electric  | \$ _____        | \$ _____        | \$ _____        | _____  |
| Telephone   | \$ _____        | \$ _____        | \$ _____        | _____  |
| Car Payment   | \$ _____        | \$ _____        | \$ _____        | _____  |
| Gasoline for Car  | \$ _____        | \$ _____        | \$ _____        | _____  |
| <b>TOTAL</b>  | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b> |  |

Please provide the \$ amount given to you by each person(s) and /or organization in the months listed above.

You must be able to provide names, addresses and phone numbers of who is providing money for housing and energy payments. If this is not provided, we may not be able to provide you with assistance. Please attach additional people if there is more than one person who has helped you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

If you are receiving money from someone to help pay your bills

is it a gift or a loan (a loan you need to pay back)

GIFT \_\_\_\_\_ LOAN \_\_\_\_\_

By signing this form, I affirm that I believe these facts are accurate and true. I know that I may have to prove my statements. I know that I may be prosecuted for fraud and perjury if I knowingly give false information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_