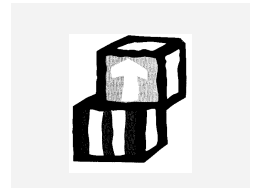




Please return to:
CAP AGENCY HEAD START
 2496 145th St. West
 Rosemount, MN 55068
 PHONE 651-322-3500 FAX 651-322-3555



Name(s): _____ 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)

<i>Provide the amount of each expense for the 3 months listed</i>				<i>Provide where money came from to pay each expense (wages, savings, gifts, loans, credit cards, etc.)</i>
Rent/House Payment	\$ _____	\$ _____	\$ _____	
Lot Rent (if applicable)	\$ _____	\$ _____	\$ _____	
Food	\$ _____	\$ _____	\$ _____	
Heat	\$ _____	\$ _____	\$ _____	
Electric	\$ _____	\$ _____	\$ _____	
Telephone	\$ _____	\$ _____	\$ _____	
Car Payment	\$ _____	\$ _____	\$ _____	
Gasoline for Car	\$ _____	\$ _____	\$ _____	
TOTAL	\$ _____	\$ _____	\$ _____	

If someone helped pay your bills during the three months listed above, list their name, address and phone number below.

_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____