



Association of Village Council Presidents
Social Services Department
Energy Assistance Program
PO Box 219
Bethel, AK 99559
(800) 478-3521 / (907) 543-7400
Fax (907) 543-7479



OR CURRENT RESIDENT

2017 AVCP Energy Assistance Program APPLICATION



BEFORE YOU BEGIN!



Only one (1) AVCP Energy Assistance Program award is allowed per household per program year.

1. If your household has already applied between October 1, 2016 and July 31, 2017, and was approved, do not apply again.
2. If your household applied between October 1, 2016 and July 31, 2017, but was denied due to being over the income guidelines, please reapply in a new month if your income decreases.

IMPORTANT NOTICE ABOUT YOUR RIGHTS OF FAIR HEARING

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing before an AVCP select committee. If you desire a hearing you may request one by calling 1(907)543-7400 or write to: AVCP Social Services Director, PO Box 219, Bethel, Alaska 99559. At the hearing you may represent yourself, be represented by legal counsel, or another person of your choice. You must request the hearing within thirty (30) days after receiving a notice.

Title VI of the 1964 Civil Rights Act states “NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE.” If you feel you have been discriminated against under this provision, you may file a complaint with the U.S. Department of Health and Human Services or the U.S. Department of Justice.

SERVICE AREA

The Association of Village Council Presidents administers the Energy Assistance Program (EAP) for select villages in the Yukon and Kuskokwim Delta Region. This program is funded by the Low Income Home Energy Assistance Program (LIHEAP). The purpose of the program is to assist eligible households pay the cost of home heating and electrical payments. We also provide Crisis Heating Assistance (see below), and Weatherization Assistance through separate applications.

IN CASE OF EMERGENCY – CRISIS HEATING ASSISTANCE PROGRAM (CHAP)

If you are in danger of running out of fuel contact your Tribal Council office. They will be provided CHAP slots for your village and the current CHAP application.

THIS IS A ONE-TIME GRANT!

PLEASE DO NOT CALL US UNTIL YOU HAVE SUBMITTED A CHAP APPLICATION!

FY 2017 Monthly Income Guidelines

Household Size	Gross Monthly Income	Gross Annual Income	Household Size	Gross Monthly Income	Gross Annual Income
1	\$1,855	\$22,260	11	\$8,340	\$100,080
2	\$2,502	\$30,030	12	\$8,990	\$107,880
3	\$3,150	\$37,800	13	\$9,640	\$115,680
4	\$3,797	\$45,570	14	\$10,290	\$123,480
5	\$4,445	\$53,340	15	\$10,940	\$131,280
6	\$5,092	\$61,110	16	\$11,590	\$139,080
7	\$5,740	\$68,880	17	\$12,240	\$146,880
8	\$6,390	\$76,680	18	\$12,890	\$154,680
9	\$7,040	\$84,480	19	\$13,540	\$162,480
10	\$7,690	\$92,280	20	\$14,190	\$170,280

Frequently Asked Questions

When can I apply?

From the announced opening of the program until July 31, 2017. Applications must be postmarked by July 31, 2017.

Subject to the availability of funds.

Who should apply?

Households in need of heating and/or electricity payment assistance. If the household has fuel and/or electricity credit, the total credit needs to be \$200 less than the annual total cost.

Who can get Expedited Processing for their application?

1. **Priority Groups:** Households that have at least one member who is:
 - a) 60 years old or older
 - b) legally disabled
 - c) 2 years old or younger
2. Any household that has received an electricity disconnect/shutoff notice; **must submit a copy with application.**

How long will it take?

Our goal is 30 days or less.

What are the main reasons applications are pending?

- 1) **Main Reason:** Missing required Proof of Income documents
- 2) Missing information such as *DOB* and/or *SSN* on application
- 3) Phone number(s) changed or disconnected and we were not notified
****If we are unable to contact you by phone to complete your case, we have no choice but to "Pend" your case, send a letter notice, and then move onto other cases until you respond*

***PENDED CASES WILL BE DENIED AFTER 30 DAYS. CLIENTS WILL THEN HAVE TO REAPPLY.**

Account Management

Fuel and electric credit balances can be transferred if you are moving to another village within our Service Area. If you move outside of our Service Area any remaining credit balances from your EAP benefit will be refunded to us. This is because you will have to reapply for assistance from another LIHEAP provider.

****Please call us if you are moving for assistance.*

What Proof of Income do I need to provide with my application?

1. Regular work: copies of paycheck stubs or payroll report/summary printout from the prior month, **Form B**, or copies of your most recent Tax Return IRS 1040 pages 1 and 2
2. Seasonal work (including commercial fishing **CREWMEMBERS**): copies of all paycheck stubs for the last 12 months, **Form C**, or your most recent Tax Return IRS 1040 pages 1 and 2
3. Self-employed (including commercial fishing **PERMIT HOLDERS**): **Form A**, copies of your most recent income Tax Return IRS 1040 and Schedules C, K, or S, and any other tax forms supporting self-employment or partnerships
4. Benefits and assistance (i.e. SSI/SSA, APA, UI, etc.): copies of year-end statements or award letters for all benefits and assistance received by your household
5. Dividends and stipends, such as the Permanent Fund Dividend or meeting stipends are not needed
6. **Please send copies, not originals. If you are unable to make copies please include a note requesting your originals be returned to you**

How do I avoid delays?

- Complete application (printed clearly); signed and dated by the applicant **AND** Tribal Administrator
- Attach copies of Proof of Income for **all income** (minus dividends/stipends) received by your household
- Attach copies of your most recent fuel statement and electricity bill
- Attach a copy of your electricity shutoff notice if you are requesting expedited processing
- Attach all other required documents such as **Forms A, B, or C**, rental agreements, or rental housing worksheets
- **It is your responsibility to provide all required documents to successfully process your application**

What is Waste, Fraud, and Abuse?

Waste is applying for and receiving assistance even though it is not needed. Receiving assistance when not needed takes away funding for other eligible households in need.

We now require a copy of all fuel and electricity statements to show current balance.

Fraud is withholding or providing false information in order to become eligible for assistance, such as not including income from all working adults in the household on an application.

Abuse is improper use of government assistance, such as:

1. selling, bartering/trading or giving fuel from one's EAP account
2. using EAP or CHAP benefit for subsistence or recreational use.

EAP and CHAP benefits are awarded for use only by the recipient for the purpose of home heating or assisting with electricity bills. We take reports of Waste, Fraud, and Abuse seriously.

PENALTIES INCLUDE, BUT ARE NOT LIMITED TO:

- Refund of **ALL** EAP credit balances from fuel and electricity accounts
- Repayment of **ALL** used benefits
- Notification to other AVCP departments/programs of **waste, fraud, and abuse** activity
- Prohibited participation in the EAP, CHAP, and WAP programs for a period of one year or more

To report suspected **Waste, Fraud, or Abuse** of Energy Assistance funds, please call an AVCP Energy Assistance Program representative toll free at:
1-800-478-3521 or direct at 1-907-543-7400.

How do I submit my application?

1. Mail your application to us with copies of required documents. If mailing, **DO NOT FAX**
2. Scan into PDF format and email to us
3. **ONLY IF URGENT: Fax your application and documents only if the household is at risk of running out of fuel or received an electricity disconnect/shutoff notice**

Other Resources:

AVCP BIA General Assistance for Compacted Tribes: (800) 478-3521 or (907) 543-7400

Families with or without minor children may apply. Assists with basic needs.

Temporary Assistance for Needy Families (TANF): (800) 478-3521 or (907) 543-7400

Families with minor children may apply. Assists with basic needs; households with current TANF clients in good standing may also be able to get heating assistance through TANF Supportive Services.

Please contact a TANF representative for more information.

Division of Public Assistance: (800) 478-2686 or (907) 543-2686

Contact DPA for information on available resources such as Food Stamps and General Relief Assistance.

APPLICATION - DETACH AND SUBMIT BY MAIL

**Mail
to:**

AVCP, Inc.
Social Services – Energy Assistance Program
PO Box 219, Bethel, AK 99559

Filing Deadline: July 31, 2017

If urgent, fax to: (907) 543-7479

SECTION 1: APPLICANT INFORMATION

*****WILL NOT BE APPROVED WITH MISSING INFORMATION*****

	First Name	M. I.	Last Name, Suffix	Date of Birth	SSN
Head of Household					
Legally Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age 60 or over	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native <input type="checkbox"/> Non-Native	
Spouse/Significant Other					
Legally Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age 60 or over	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native <input type="checkbox"/> Non-Native	
Mailing Address	City	State	Zip Code		
Physical Address (Required)	City	State	Zip Code		
Primary Phone* : <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alt Phone* : <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Message	Email (Optional)			

*Notify us if your phone number(s) change or get disconnected in case we need to contact you to complete your case.

SECTION 2: HOUSEHOLD INFORMATION

***If no one else lives in your household, write "NONE"**

Name (First, M.I., Last, Suffix)	Date of Birth MM/DD/YYYY	Age (yrs), "X" one			SSN ###-##-####	Relation	Legally Disabled
		0-2	3-5	60+			
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N
							Y / N

Is anyone in this household a TANF Client? Yes No If yes, who?

FOR OFFICE USE ONLY:

Case #:	EAP Rep:	Date Processed:	Date Rec'd:				
LIHEAP	Level	Fuel	Electricity	Tot LIHEAP \$			
HH Size	Heat Source	Mo. Income	Annual Inc.	0-2yrs.	3-5yrs.	≤5yrs.	Eld/Dis
Eligibility Verified By: (P)		(S)		Date:			

APPLICATION - DETACH AND SUBMIT BY MAIL

SECTION 3: HOUSING TYPE

***Select only one from GRAY row and answer all related questions**

<input type="checkbox"/> Own House ↓	<input type="checkbox"/> HUD ↓	Rental: <input type="checkbox"/> House <input type="checkbox"/> Apt ↓
Owner:	Are you still making monthly house payments other than insurance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays for your home heat? <input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Other (Please explain): Who pays for your electricity? <input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Other (Please explain):
Is the owner living in this house? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much do you pay each month? <u>House payment:</u>	Attach a copy of your rental agreement and most recent rent receipt or a statement from your landlord showing heat and/or electricity is included in your rent.
If no, please explain:	\$ <u>Insurance payment:</u> \$	Landlord's Name: _____ Address: _____ Daytime Phone: _____
How much do you pay each month? \$		
Did you or anyone in your household receive energy assistance from any other tribal, native, or state organization between 10/1/2016 and 9/30/2017? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from who and how much?		
Have you moved since you last applied for EAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what city or village? _____ When? _____		

SECTION 4: HEAT SOURCE AND SPLIT OPTION

What heat source are you requesting assistance with? **SELECT ONLY ONE!**

Heating/Stove Oil *DEFAULT if none are selected

Gas and Motor Oil to harvest own wood* (amount equals 50% of stove oil benefit)
*If you select Gas and Motor Oil, your EAP Award will provide you fuel to harvest your own wood. You will not be able to get Heating/Stove Oil or Napaimute Wood. Motor oil is 2-stroke, 4-stroke, and gear case outboard and snowmobile oil only.

Napaimute Enterprises, LLC Wood per cord, half cord chopped, and/or cubic foot.

Deliverable to: Akiachak, Akiak, Atmautluak, Kasigluk, Kwethluk, Napaskiak, Napakiak, Nunapitchuk, Oscarville, Tuluksak, Lower Kalskag, Upper Kalskag

Heat and Electricity Split Option:

Applicants **WILL NOT** be able to make changes once payment is made to vendors. Plan ahead and choose carefully.

<input type="checkbox"/> 100% Heat	<input type="checkbox"/> 50% Heat, 50% Electricity
<input type="checkbox"/> Default* 75% Heat, 25% Electricity	<input type="checkbox"/> 25% Heat, 75% Electricity
*If multiple/no selection(s) are made the default will apply	
<input type="checkbox"/> 100% Electricity	

The EAP Award funds are **strictly** for home heating and electricity payments.
Non-chargeable items include groceries, propane, tanks and engine parts;
NOT FOR SUBSISTENCE/RECREATION USE!

ACCOUNT NUMBERS REQUIRED. COPY OF MOST RECENT BILL/STATEMENT REQUIRED.

Name of Fuel Company	Account Number	Name on Account	Amount of Current Bill/Credit
Name of Electric Company	Account Number	Name on Account	Amount of Current Bill/Credit

If your account for fuel or electricity is in someone else's name, please explain:

APPLICATION - DETACH AND SUBMIT BY MAIL

SECTION 5: HOUSEHOLD INCOME

Example of how to report income:

***Calculated by pay date,
not pay period***

Application signed in:	Provide proof of all income received:
Any day of October →	September 1-30
Any day of November →	October 1-31

Proof of Income must show pay date

Acceptable Proof of Income:	Not Acceptable:
<ol style="list-style-type: none"> Paycheck stubs showing check date, gross income and year-to-date figures Form A, B, and C completely filled out and signed Payroll records or summary printout Year-end statements or award letters for all benefits and assistance Most recent Tax Return IRS 1040 and Schedules C, K, or S 	<ol style="list-style-type: none"> Bank statements Form B and C 'Employer Section' filled out by applicant or non-employer Form B and C not signed by employer Paycheck stubs that do not show gross income and year-to-date figures Dividends are not counted as income so do not list and do not send proof of income

Type of Income Codes			
WA Wages (paycheck stubs)	TT Tribal TANF	BIA BIA General Assistance	
SEA Seasonal Work	TSS TANF Supportive Services	SL Student Loans/Grants	
SE Self-Employed	WC Worker's Compensation	IN Interest	
APA Adult Public Assistance Program	BP Bingo/Pull Tab Winnings	CS Child Support and Alimony	
FS Food Stamps	UI Unemployment Insurance	CO Cash Outs of Retirement or Pension	
SSI Supplemental Security Income	TIP Tips and Gratuities	PE Pension (other than Veteran's Benefits)	
SSA Social Security	RI Rental Income	OT Other (Please Explain)	
VB Veteran's Benefits	FAM Family Support (Please Explain)		
SVR Survivor Benefits	GR General Relief		
SR Senior Benefits	FC Foster Care Payments		

List all your income from the prior month to the date you sign this application.

Provide proof of income for all household income, without proof, your application may be **pending or denied**.

Household member	Income Code (See above)	Employer's Name*	Last Month's Gross Income	Form of Proof	Last day of work	Weekly? Monthly?

*Employer Name _____ Phone Number _____

*Employer Name _____ Phone Number _____

Does anyone have income from seasonal/self-employment? (commercial fishing, logging, firefighting, small business, cannery) Yes No

See **Form A** and **C** for examples, how to calculate gross income and what to send as proof of income.

If your household income **does not** cover basic living expenses, explain how you are paying these costs.

Rent: _____

Utilities: _____

Food: _____

APPLICATION - DETACH AND SUBMIT BY MAIL

SECTION 6: TRIBAL VERIFICATION

Tribal Administrator Verification

- By signing this I verify that this household is in need of assistance and the application:
 - is for one (1) household
 - includes every member of the applicant’s household
 - applicant is currently living in the home for which they are applying
 - has all required information and documents for successful processing
- The household, if requesting Gasoline and Motor Oil to harvest their own firewood for the purpose of home heating, are confirmed to:
 - Have a Wood Stove in their home in good working condition
 - Have vehicle(s) to harvest their own wood, or have a close relative to do so for them
 - Understand that the firewood collected with this benefit are to be used solely for the purpose of home heating
- Applicant understands that changes to their benefit will no longer be allowed once payment is complete to fuel and electricity vendors.
- Credit will no longer be transferrable from fuel to electricity vendors or vice versa.
- Fuel type cannot be changed except for instances of loss of heating unit AND confirmed by the Tribe.
- Applicant understands the definitions of **Waste, Fraud, and Abuse of Government Benefits** and is truly in need of assistance.

In the event the Tribal Administrator is not available, the delegated signer must clearly understand and assume responsibility for this verification role.

- This application will not be processed without this signature.

Print Name of Tribal Administrator or Delegate		Signature of Tribal Administrator or Delegate
		X
Date:	Title:	Phone Number:

WEATHERIZATION ASSISTANCE PROGRAM CHANGE:

FY 2017:

Due to the continued high volume of Weatherization assistance requests, and the limited funding for this subprogram, this year’s **Weatherization Assistance Program** is will continue as a separate application from the Energy Assistance Program.

Households in need of assistance with:

1. Heating unit replacement
2. Heating unit parts or repair
3. Chimney pipe replacement
4. Broken door and/or window(s) replacement

Please ask your Tribal Office for a **Weatherization Assistance Program application** and submit when complete.

In order to be eligible for WAP the household must be approved for the **Energy Assistance Program (EAP)**.

Quyana

APPLICATION - DETACH AND SUBMIT BY MAIL

SECTION 7: HOUSEHOLD SIGNATURES

Release of Information (ROI)

Your signature on this application gives the Association of Village Council Presidents, Social Services Department, Energy Assistance Program permission to request:

- Information about your finances
- Information about your utility/heating costs and usage and billing history with your utility/heating vendor
- Information about your citizenship and personal history

This information is only used in the administration of the Energy Assistance Program and will not be released to any other person or agency outside of AVCP; or any other agency we are working with on your behalf as it relates to your EAP application and benefits including the right to provide verification of your eligibility and participation to agencies administering the CITGO Fuel Program.

The people or organizations that may be contacted include, but are not limited to: fuel and electric companies, the Alaska Housing Finance Corporation, the AVCP Regional Housing Authority, Department of Labor and Workforce Development, Department of Law, Department of Military and Veteran Affairs, Department of Corrections, Department of Revenue, U.S. Immigration Services, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

Statement of Truth and Agreement

To receive assistance you must agree to all of the statements below and sign this form.

- I understand that I must notify the AVCP Social Services Department within 10 days if I move or change household members.
- I understand that an AVCP Social Services Department representative may call my home, work, and other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other departments and agencies.
- I authorize the Alaska Department of Labor to release to the AVCP Social Services Department information about my eligibility for unemployment insurance and work history.
- I authorize the AVCP Social Services Department to communicate with my vendor(s) and other agencies on my behalf as it relates to the Energy Assistance Program.
- I understand that I must be currently living in the home for which I am applying.
- I agree not to misuse any funds or assistance received for the purpose of home heating; this includes selling, bartering/trading, or giving fuel to other households.
- I understand that knowingly withholding or giving false information in order to qualify for assistance is fraud and may result in more than \$5,000.00 in fines, imprisonment for five (5) years or more, or both, and that I must pay back any benefits received as a result of fraud.

I certify under penalty of perjury, or of unsworn falsification in violation of AS 11.56.210, that the statements made regarding the persons in my home, income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Signature of Adult listed on Page 1	Date	Signature of Witness, if signed with an "X" (Legal guardians provide documentation)
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X

Release of Information (ROI) Authorization from all other working adults in the household:

<u>Print Name</u>	<u>Signature</u>	<u>Date</u>

Form A – Self-Employment Income and Expenses

Examples of self-employment include:

- Commercial Fishing Permit Holder** -Carving -Baby-sitting or daycare -Crafts -Owning your own business -Rental Income

Please provide a copy of your most recent Tax Return IRS 1040 and Schedules C, K, or S and any other tax forms supporting self-employment or partnerships. We can either deduct 50% of your gross earnings toward the cost of doing business or you can provide an itemized listing of all business related income and expenses received during the prior 12 months. If we do not receive this listing, we will use the 50% deduction for self-employment business expenses.

- Allowable business expenses are those expenses that are necessary, non-personal costs of doing business.
- Non-allowable business expenses are depreciation, amortization, and the principal portion of payments on business debt, personal, or home expenses which the household would incur regardless of the business.

Your total 12-month self-employment income, less allowable business related expenses, and any other earned and unearned income, will be divided by 12 to arrive at a monthly average. Attach additional pages as necessary.

If you are self-employed through commercial fishing, please send copies of your entire fishing settlement for the past 12 months. If you have computerized records, you may provide a copy of your ledger documenting your business-related income and expenses for the previous 12-month period. Please sign and date the ledger.

For application under Head of Household:	Name of Self-Employed Person:
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Type of Business:	Business Name:
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Business Address:

Circle the past 12 months of self-employment:	20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
	20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

You may be asked to provide additional documentation such as: copies of ledger books, trip tickets, or letters from people who have paid you, commercial fishing tickets and receipts.

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
12-month Income Total			12-month Expenses Total		

Attach additional pages as necessary.

I certify under penalty of perjury, or of unsworn falsification in violation of AS 11.56.210, that this income and expenditure information is true and correct to the best of my knowledge.

Signature (Required) :	Printed Name:	Date:
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Form B – Employment Statement

Association of Village Council Presidents
 Social Services - Energy Assistance Program
 PO Box 219
 Bethel, AK 99559
 (800) 478-3521 / (907) 543-7400

Fax (907) 543-7479

For application under Head of Household:	Employee Name:	SSN:
Employee Signature (Required) :		Occupation:

For Employer Use Only

This form is to be used to verify employment income for the previous month if the employee is unable to provide proof of income. Please complete, sign, and fax or mail this form to the address above. Your assistance is appreciated.

Date employment began:	Date first paycheck issued:
Date employment ended (if employee is no longer working for you):	
Date last paycheck was issued:	Gross amount issued:

Provide the information for the last eight (8) paychecks issued or attach a copy of a computer printout.

Gross Pay	Issue Date	Tips Received

Business Name:	
Employer Address:	
Employer Signature (Required) :	Date:
Payroll Contact Phone Number:	

*****Note: The employer must sign this Statement, otherwise it is not valid and will not be accepted as proof of income*****

Form C – Seasonal Work Statement

Association of Village Council Presidents
 Social Services - Energy Assistance Program
 PO Box 219
 Bethel, AK 99559
 (800) 478-3521 / (907) 543-7400

Fax (907) 543-7479

Examples of seasonal employment include:

-Commercial Fishing Crewmember -Construction -Fish processing -Logging -Mining -Firefighting -School district occupations

Be sure to submit proof of income from all sources. Your total income for the previous 12 months will be divided by 12 to arrive at a monthly average.

For application under Head of Household:	Employee Name:	SSN:
Employee Signature (Required) :		Occupation:

For Employer Use Only

This form is to be used to verify seasonal employment income for the past 12-month period. Please complete, sign, and mail or fax this form to the address above. Your assistance is appreciated.

Date employment began:	Date first paycheck was issued:
Date employment ended (if employee is no longer working for you):	
Date last paycheck was issued:	Gross amount issued:
Circle the past 12 months of seasonal employment:	20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
	20__ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide information below for the past 12-month period.

Gross Pay / Issue Date	Gross Pay / Issue Date	Gross Pay / Issue Date

Business Name:	
Employer Address:	
Employer Signature (Required) :	Date:
Payroll Contact Phone Number:	

*****Note: The employer must sign this Statement, otherwise it is not valid and will not be accepted as proof of income*****