EAP Household No. _____

## Energy Assistance Program

# Affidavit Declaring Change in Income

This form documents changes in an individual's employment income in the past six months. It must be completed when a household member's income reported to the Minnesota Department of Employment and Economic Development (DEED) is different from what the household indicated in their Energy Assistance Application.

My name is _____

**Check and complete all that apply to document how your income has changed in the past six months (if more space for employers is needed, please use another form):**

| **Please explain your current employment situation:** (Include any relevant details about job changes, gaps in employment, reduced hours, new, or seasonal jobs to help better understand your eligibility.) |
|---|
| |

☐ **In the past six months, I stopped working at the following employer(s):**

| Employer Name | Date Employment Ended | Date of Last Paycheck |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

☐ **The following are all of the employers (jobs) where I currently work and earn money:**

| Employer Name | Date Employment Started |
|---|---|
| | |
| | |
| | |
| | |

☐ **I do not currently have a job where I earn money**

By signing this form, I affirm that:

- The above information is correct to the best of my knowledge.
- I understand I will be required to pay back benefits received or paid on my behalf if this information is found to be false.
- I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
- I understand that completing this form does not guarantee I will receive assistance.

**Applicant Signature**_____ **Date** _____