EAP Household No.				



Energy Assistance Program

Affidavit Doclaring Change in Income

Affidavit Declaring	Change in incom	e					
This form documents changes in an individua	al's employment income in the past si	x months. It must be completed					
when a household member's income reporte	ed to the Minnesota Department of Er	mployment and Economic					
Development (DEED) is different from what	the household indicated in their Energ	gy Assistance Application.					
My name is							
Check and complete all that apply to docum space for employers is needed, please use a	,	the <u>past six months</u> (if more					
Please explain your current employment situation: (Include any relevant details about job changes, gaps in							
employment, reduced hours, or new jobs to	·						
In the past six months, I stopped working at the following employer(s):							
Employer Name	Date Employment Ended	Date of Last Paycheck					
		<u> </u>					
_							
The following are all of the employers (jo	obs) where I currently work and earn	money:					
Employer Name	Date Employment Started						
		-					
		-					
		J					
I do not currently have a job where I ear	n money						
By signing this form, I affirm that:							
The above information is correct to a	the best of my knowledge.						
 I understand I will be required to part 	y back benefits received or paid on my	behalf if this information is					
found to be false.							
 I may be held civilly or criminally liab statements. 	ole under federal or state law for know	vingly making false or fraudulent					
 I understand that completing this form does not guarantee I will receive assistance. 							

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Applicant Signature___