

Supplemental Income Information ("Triple Form")

1) ZERO INCOME DECLARATION

I certify that I and/or the following individuals residing in my household are **not** employed and have **not** received any income from any source for the stated time period:

	NAME	AGE	RELATIONSHIP	TIME PERIOD NOT WORKING	REASON
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

2) INCOME DECLARATION – NO DOCUMENTATION AVAILABLE

I hereby certify that I have **NOT** been formally employed since _____, however, month, day and year

I have received cash income in the past _____ from the following work for which I have no documentation: # weeks/months

TYPE OF WORK / INCOME	# OF WEEKS WORKED	EMPLOYER	GROSS AMOUNTS EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I cannot supply documentation for the following reason(s): _____

3) DEPENDENTS INCOME STATEMENT

Applicant Name: _____

I hereby certify that I DO DO NOT receive Public Assistance (TANF) and/or Child Support for the following children:

	Amt. Per Mo.	Documentation Provided *	
1. _____	\$ _____	Yes _____	No _____
2. _____	\$ _____	Yes _____	No _____
3. _____	\$ _____	Yes _____	No _____
4. _____	\$ _____	Yes _____	No _____
5. _____	\$ _____	Yes _____	No _____

* NOTE: IF NO, EXPLAIN BELOW

I realize that false and/or omission of information can result in disqualification and/or repayment of any funds received.

CATHOLIC CHARITIES, INC.
DELAWARE ENERGY ASSISTANCE PROGRAM

406 S. BEDFORD ST., SUITE 9
GEORGETOWN, DE 19901
302-856-6310

2099 S. DUPONT HWY.
DOVER, DE 19901
302-674-1782

2601 W. 4TH ST.
WILMINGTON, DE 19805
302-654-9295

LANDLORD VERIFICATION FORM

The following applicant has applied for services and has provided authorization by signing this form to release information. They have further stated that they do not possess a formal or updated Lease Agreement. The Delaware Energy Assistance Program requires a copy of the lease as documentation for applicants who rent their homes. Please complete this form (use N/A if information is not applicable) and return to us immediately. Any delays will prevent the applicant from receiving assistance. If you have any questions regarding this form, please contact our office.

APPLICANT'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Move-in Date: _____ How many people are in the Household? _____

LIST NAMES OF ALL HOUSEHOLD MEMBERS AND RELATIONSHIP

Monthly Rental Amount: _____ Is Rent Subsidized by the Federal/State Government? Y/N _____
(What client actually pays)

Does Tenant Pay for Heat? Y/N _____ Is Heat Included in Rent? Y/N _____

Unit Heated by: _____ Fuel Oil _____ Kerosene _____ Propane _____ Natural Gas _____ Electric _____ Wood _____ Other _____

Are Utility Bills in Tenant's name? Heating Y/N _____ Electric Y/N _____ (If No, a Vendor Declaration Form is required)

How many Rental Units are in the Building? _____

Is each Rental Unit individually heated with separate controls? Y/N _____

(If No, explain how heating costs are divided among Tenants): _____

Is the Tenant a Boarder who only pays Room Rent? Y/N _____ Amount Paid to Client: \$ _____

Are you Renting/Residing in a Family-Owned Home? Y/N _____

I swear and attest that the above information is true and correct.

Print Landlord Name

Landlord Address

Landlord Signature

Landlord Phone Number

Date Landlord Signing Form

Client Signature