

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

DOCUMENT VERIFICATION FORM

CAA Name: _____ CAA Phone: _____
 CAA Address: _____ CAA Fax: _____
 _____ CAA Email: _____
 Intake Worker: _____

Primary Applicant: _____ Create/Intake Date: _____
 Client Number: _____

INSTRUCTIONS: If a photocopier or scanner is not available, the CAA intake worker will use the Document Verification Form to describe the documentation that was reviewed, and to record the appropriate information.

PRIMARY APPLICANT ID *(government-issued, photo identification card)*

Type of ID: _____ Expiration: _____ ID #: _____

SOCIAL SECURITY NUMBER VERIFICATION

Household Member	Documentation	SSN

NONCITIZEN VERIFICATION
OF LAWFUL STATUS IN THE UNITED STATES

Household Member	Documentation & Expiration Date	ID Number

INCOME VERIFICATION

Household Member	Pay Date	Type of Income	Gross Pay or YTD	Frequency	Documentation
			\$		
			\$		
			\$		
			\$		

COURT ORDERED CHILD SUPPORT VERIFICATION *(payments made by an Applicant)*

Household Member	Child Support Order		Proof of Payment	
	Amount Ordered and Payment Frequency	Documentation	Amount Paid	Documentation
			\$	
			\$	

COLLEGE STUDENT ENROLLMENT VERIFICATION *(person(s) living in residence who will be excluded)*

Student Name	Birth Date	Credit Hours	Semester/Term	School	Documentation

CAA Intake Signature _____

Date _____