

Pine Bluff Jefferson County EOC, INC.

COLLATERAL STATEMENT

Client Name _____

To the client: Please have a friend or neighbor complete this form. This person cannot be a relative or any of your household members and should be someone with a telephone who can be reached between 8:00 and 4:30. They should be familiar enough with your household to be able to answer every question. This form is used to verify residency and household composition, which are requirements of eligibility.

To the person completing this form: The above named individual has applied for assistance. In order for us to determine his eligibility, we need a statement from a person who is not a relative and who knows the applicant and his circumstances

1. What is the family's home (where they live) address?

2. What are the names of the adults living in the home?

3. What are the names of the children who are living in the home?

4. How do you know that all these persons are living in the home? _____

5. Does anyone living in the home work? _____ If yes, who is working and where do they work?

6. Has anyone moved into the home during the past six months? If yes, who has moved in?

7. Has anyone moved out of this home during the past six months? _____ If yes, who has moved out?

The State of Arkansas provides penalties including fees and/ or imprisonment for persons providing false information in order to receive or aid others in receiving Public Assistance.

Signed: _____

Address: _____

Telephone No: _____

Date Signed: _____

Arkansas Home Energy Assistance Program

CONTRIBUTION STATEMENT

Register number: _____

Please complete this form for _____. The information is used by this agency to determine eligibility for assistance.

Name _____

Address _____

Telephone Number () _____

Amount of Contribution \$ _____

Date of Contribution _____

Which of these bills did you assist with? Please check as many as apply and give amount of each in the space provided.

Electric \$ _____ Gas \$ _____ Water \$ _____ Rent \$ _____

Phone \$ _____

Car/Truck payment \$ _____ Food (not paid by food stamps) _____

In the space below, please list any other contributions that are not listed above.

(such as diapers, formula, clothing etc...)

Did you pay the above household expenses Yes _____ No _____

Did you provide money for the above household expenses Yes _____ No _____

Signature of person completing form

Home Energy Assistance Program

Required Information Sheet

- **Proof of income for all household members 18 years or older for the previous month**
 - This includes all check stubs that have a pay date in the previous month.
 - If check stubs are not available, an earnings statement must be completed by your employer.
- **Proof of child support**
 - You need to bring a child support statement from the Office of Child Support Enforcement *if you receive* child support.
- **Proof of unemployment for all household members 18 years or older that are unemployed**
 - This is required even if you do not receive unemployment benefits.
 - You will need to go to the unemployment office and get a printout.
 - If you have lost your job within the last 60 days, we will need an unemployment printout in addition to a statement from your employer that states your last date of employment and any income that was received in the previous month.
 - If anyone is a full time student who is unemployed they will all need a letter from the school stating that he or she is a full time student.
- **Proof of Social Security, Retirement, Pensions, Workman's Comp or Disability**
 - You will need a copy of your award letter.
- **Proof of utility allowance**
 - If you receive more than \$50 utility payment, we need verification.
- **If you have no income**
 - We need proof of how you have been paying your bills. If someone has helped you, we need a contribution statement completed from each person who helped you in the previous month.
 - We also need you to get an unemployment printout for all household members who are 18 older.

We must have all Social Security numbers and date of births for ALL household members. Failure to submit required documentation will delay or possibly deny your application process.