

Joe Lombardo  
Governor

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Director



**DEPARTMENT OF  
HUMAN SERVICES**  
DIVISION OF SOCIAL SERVICES  
*Helping people. It's who we are and what we do.*



Robert H. Thompson  
Administrator

ENERGY ASSISTANCE PROGRAM

**Intake Site Completed Application Checklist**

**EAP Date Stamp**

Applicant Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date signed by Client: \_\_\_\_\_

Intake Site: \_\_\_\_\_

A completed checklist is required to be attached to the top of a completed application packet before it is submitted to the Energy Assistance Program. The Intake Site is responsible for completing the checklist. Refer to the Completed Application Instructions for a detailed description of each required verification.

Intake Site		EAP Recv'd
	Fully completed EAP application	
	Identification of Applicant	
	Citizenship Verification	
	Home/Residence Verification	
	Heating bill/usage	
	Cooling bill/usage	
	Authorization to apply and identification of person	
	Income	
	Other:	
	Other:	

\_\_\_\_\_  
Signature of Intake Site Staff/Date

\_\_\_\_\_  
Signature of EAP Staff/Date

Notes: