

STATE OF NEVADA
 DIVISION OF WELFARE & SUPPORTIVE SERVICES
 ENERGY ASSISTANCE PROGRAM

EAP Date Stamp

Intake Site Completed Application Checklist

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: