



Please return to:  
**CAP AGENCY HEAD START**  
 2496 145<sup>th</sup> St. West  
 Rosemount, MN 55068  
 PHONE 651-322-3500 FAX 651-322-3555



Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last date of employment: \_\_\_\_\_ Did you claim no income last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive Unemployment, Workers Compensation, Insurance Benefits, Annuity Payments, Pension, Tribal Casino Payments, or Rental Income? \_\_\_\_\_

Are you living off of Savings, Home Equity Loan, Credit Cards, etc.? \_\_\_\_\_

**INCOME SUMMARY**  
 (EXPLAIN HOW/IF EACH BILL WAS PAID)

<i>Provide the amount of each expense for the 3 months listed</i>				<i>Provide where money came from to pay each expense (wages, savings, gifts, loans, credit cards, etc.)</i>
Rent/House Payment	\$ _____	\$ _____	\$ _____	
Lot Rent (if applicable)	\$ _____	\$ _____	\$ _____	
Food	\$ _____	\$ _____	\$ _____	
Heat	\$ _____	\$ _____	\$ _____	
Electric	\$ _____	\$ _____	\$ _____	
Telephone	\$ _____	\$ _____	\$ _____	
Car Payment	\$ _____	\$ _____	\$ _____	
Gasoline for Car	\$ _____	\$ _____	\$ _____	
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	

If someone helped pay your bills during the three months listed above, list their name, address and phone number below.

_____	_____	_____
_____	_____	_____
_____	_____	_____

**By signing this form, I affirm that I believe these facts are accurate and true. I know that I may have to prove my statements. I know that I may be prosecuted for fraud and perjury if I knowingly give false information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_