



PEOPLE ACTING IN COMMUNITY ENDEAVORS  
 President - Cheryl M. Cabral Executive Director - Bruce Morell



**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**LOW-INCOME / NO INCOME INTERVIEW FORM**

*(For use in cases of "no income" or when monthly income is equal to or less than \$200.00 after housing costs are deducted.) All sections of this form MUST be completed by applicant.*

Application #: \_\_\_\_\_ Date: \_\_\_\_\_

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

1) Number and relationship of other household members: \_\_\_\_\_

2) Please explain how you meet your basic living expenses specifically:

Food/utilities: \_\_\_\_\_  
 Rent/mortgage: \_\_\_\_\_  
 Clothing/personal care, medical expenses: \_\_\_\_\_  
 Other: \_\_\_\_\_

3) Do you have any overdue bills or collection notices?  YES  NO

If Yes, **you must provide copies of those bills/notices.**

Rent: \_\_\_\_\_ Mortgage: \_\_\_\_\_ Electric: \_\_\_\_\_ Gas: \_\_\_\_\_ Car Loan: \_\_\_\_\_

Medical: \_\_\_\_\_ Credit cards: \_\_\_\_\_ Cable TV: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other: \_\_\_\_\_

4) Have you: a) made any withdrawals from your bank  YES  NO  
 b) received support from others to help meet your living expenses?  
 YES  NO

If yes, please submit copies of bank statements which show amounts and dates, and/or a completed *Financial Assistance Statement form*. A *Financial Assistance Statement* is required if the support for others has lasted over 30 days.

5) How do you obtain food? SNAP (Food Stamps): \_\_\_\_\_ Other (explain): \_\_\_\_\_

6) Do you receive WIC or other non-cash assistance?  YES  NO

If yes, please specify: \_\_\_\_\_

7) How do you pay car expenses (gas, registration, car loan payment, insurance) and/or transportation?  
 \_\_\_\_\_

**I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true, and that there is no understatement or misstatement of income or any other information. I understand that I will be liable for prosecution if I receive any benefits as a result of fraudulent statement in my application.**

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

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

(print name)

Applicant's Signature: \_\_\_\_\_

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

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

