



PO Box 5-626,
 166 William Street New Bedford, MA 02740
 Tel. 508-999-9920
 Fax 508-999-3728

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIEAP)

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: _____