LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LOW-INCOME / NO INCOME FORM

(For use in cases of “no income” or when monthly income is equal to or less than $100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.

Application #: _______________ Date: ______________

Applicant Name: ________________________________

Your monthly calculated income of $___________ is within $100 of your housing cost of $______.

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

Utilities __________________________________________

Rent/mortgage _________________________________________

Clothing, personal care, medical expenses ______________

Car and/or transportation expenses ___________________________

Other _____________________________________________

2) Do you have any overdue bills or collection notices? □ YES □ NO If Yes, you must provide copies of those bills/notifications.

☐ Rent  ☐ Mortgage  ☐ Electric  ☐ Gas  ☐ Car Loan  ☐ Medical

☐ Credit cards  ☐ Cable TV  ☐ Telephone  ☐ Other _____________________________

3) Have you: a) made any withdrawals from your bank ☐ YES ☐ NO If Yes, submit copies of bank statements which show amounts and dates.

b) received support from others to help meet your living expenses? □ YES □ NO If Yes, complete a Financial Assistance Statement form. A Financial Assistance Statement is required if the support for others has lasted over 30 days.

4) How do you obtain food? □ SNAP (Food Stamps) □ WIC □ Other _____________________________

5) Do you receive other non-cash assistance? □ YES □ NO If yes, please specify: _____________________________

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true. I understand that I may be liable for the full value of any assistance received as a result of a fraudulent statement or a misstatement of information and subject to criminal prosecution.

Applicant Name: ________________________________ Date: ______________

Applicant Signature: ___________________________________ Date: ______________

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