PEOPLE ACTING IN COMMUNITY ENDEAVORS
For Brighter Futures

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

FINANCIAL ASSISTANCE STATEMENT

Applicant Name: _____

Application #: _

To Be Completed By The Person Giving the Assistance

I, _____certify under the penalties of perjury that
(Printed name of person GIVING assistance)

the following is a true and complete account of the financial assistance I gave

_____.
(Printed name of person RECEIVING assistance)

I gave her/him: $_____per: (check one) _____week _____month.

This financial assistance began: ___/___/____and will continue until ___/___/___.

If the assistance is not continuous, the amount (s) given from ___/___/____to __/___/____was $_____ and it was given ___/___/___(Date(s).

My relationship to the Applicant is: _____

My address is: _____

My telephone number is: _____

Signature: _____ Date: _____
(Person giving assistance)