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/notices.

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 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: __________