

Citizens For Citizens, Inc.
250 Griffin Street/1 Taunton Green
Fall River, MA 02724/Taunton, MA 02780

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: _____

(print name)

Date: _____

Applicant Signature: _____

Date: _____