

North Shore Community Action Programs, Inc.
119Rear Foster Street Building #13
Peabody, MA 01960

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
FY 2018 FINANCIAL ASSISTANCE STATEMENT

Applicant Name: _____ Application #: _____

To Be Completed By the Person Giving the Assistance

Please be informed that I, _____
(Printed name of person GIVING assistance)

certify under the penalties of perjury that 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 home telephone number is: _____

My work telephone number is: _____

THIS STATEMENT MUST BE NOTARIZED.

Signature: _____ Date: ___/___/___
(Person giving assistance)

On this ___ day of _____, 20___, before me, the undersigned notary public,
personally appeared _____(name of document signer), proved to me
through satisfactory evidence of identification, which were _____,
to be the person whose name is signed on the preceding or attached document, and
acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Signature: _____ NOTARY SEAL

Commission Expires On: ___/___/___