

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

Applicant Name: _____ Application #: _____

TO BE COMPLETED AND NOTARIZED BY THE PERSON GIVING THE ASSISTANCE

Please be informed that I, _____
(Print 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 / give _____.
(Print name of person RECEIVING assistance)

I gave / give 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: _____

My address is: _____
(PO Box is not permitted) _____

My 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: ___/___/___