

## 2022-23 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### **FINANCIAL ASSISTANCE STATEMENT**

**Applicant Name:** \_\_\_\_\_

**Application #:** \_\_\_\_\_

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#### **To Be Completed By the Person Giving the Assistance**

I, \_\_\_\_\_ certify under the penalties of perjury  
. (Printed name of person **GIVING** assistance)

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: (No P.O. Box) \_\_\_\_\_

My telephone number is: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Person giving assistance)

Date: \_\_\_\_\_