

North Shore Community Action Programs
119 R. Foster Str., Bldg. 13, Peabody, Ma. 01960
978-531-0767, ext. 136

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

FINANCIAL ASSISTANCE STATEMENT

Applicant Name: _____
Application #: _____

To Be Completed By the Person Giving the Assistance

I, _____ certify under the penalties of perjury that
(Printed name of person **GIVING** assistance)

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 telephone number is: _____

Signature: _____
(Person giving assistance)

Date: _____