

ABCD LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Please fill out your application completely, sign and MAIL it back to us with your documents to:

BOSTON, BROOKLINE & NEWTON: ABCD Fuel Assistance, 178 Tremont Street, Boston MA 02111

MYSTIC VALLEY AREA: ABCD Fuel Assistance, 18 Dartmouth Street, Malden MA 02148

① IDENTIFICATION

- The Applicant applying must provide a picture ID.**
- You must also provide (1) of the following proof of Citizenship OR Qualified Alien Status for EVERY household member:**
 - Social Security Card
 - US Birth Certificate
 - Unexpired US Passport
 - Unexpired Permanent Resident Card
 - U.S. Certificate of Naturalization
 - Contact our office for a complete list of other documents that may be acceptable

② HOUSING

- Tenants:** Current lease OR canceled rent check
- Subsidized housing:** Document showing your portion of rent OR a rent calculation worksheet
- Mortgage:** Current mortgage statement. If you do not have a mortgage, please submit current real estate tax bill and homeowner's insurance bill.
- Heat included in the rent: MUST** submit **CURRENT LEASE** that states **HEAT IS INCLUDED IN THE RENT**. You must provide your landlord's name, address and telephone number. If you do not have a lease please contact our office.

③ HEATING & ENERGY

- Utility bills:** A current **Gas** bill and/or current **Electric bill**
- Oil Heat:** Please provide the name of your oil company. Your oil company must have a contract with ABCD and you must be a customer of record.

④ INCOME

- You must document ALL household income:**
 - No income:** Anyone over 18 must fill out a statement of no income provided by ABCD.
 - Student:** Anyone between the ages of 18 and 23, who is a student, must provide a current enrollment verification letter from the school.
 - Wages:** Last **4** consecutive pay stubs OR last **2** consecutive if Bi-weekly for the last 30 days
 - Unemployment:** Benefit summary page **and** Payment history page printed from UI online <https://uionline.detma.org/Claimant/Core/Login.ASPX>. OR A copy of the first check stub **along with** a bank statement showing the last month of deposits.
Please note: Claimant name and or social security number must appear on all documents.

→ TURN OVER → PLEASE CHECK THE BACK SIDE →

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- **Financial Assistance from others:** If you are receiving financial support to meet your basic living expenses, the supporter must fill out an ABCD provided "Financial Assistance form" **OR** they can submit a signed "statement of support".
- **Odd Jobs:** You must complete ABCD'S "Odd Job form".
- **Social Security, SSI, SSDI:** Current Benefit letter from Social Security **OR** 1099
- **SSP:** Current Bank statement **OR** Benefit letter from DTA
- **Transitional Assistance:** Current award letter
- **Veterans Benefits:** Benefit statement from Source **OR** 1099
- **Pension:** Current letter or check stub from the source stating gross amount **OR** 1099.
- **Self Employment:** Current Federal Income Tax Return package including all schedules**
- **Rental Income:** Current Federal Income Tax Return package including all schedules **

If you do not file taxes: Submit a letter from the tenant stating the amount they pay for rent **OR** the tenant's lease **OR** a canceled rent check **AND** for deduction purposes, submit copies of your homeowners insurance, real estate taxes and water/sewer bills for the year.

**** If your taxes are Self prepared, you must also submit an IRS "Tax Return Transcript" you may get this by calling the IRS @ 844-545-5640.**

- **Child Support:** DOR printout **OR** Most recent Court order **OR** letter from supporter **OR** Copies of checks that you receive.
- **Alimony:** Most recent court order **OR** copies of checks **OR** a letter from the supporter
- **Housing Utility Reimbursement:** Current document from the Housing Authority stating the amount of reimbursement
- **Foster Care / Adoption Subsidy:** Document from the source showing frequency and gross amount **OR** check stubs for the last 30 days
- **Estate or Trust:** Please provide a copy of the Trust documentation in its entirety **OR** written notification from a bank/legal authority specifying the amounts and terms of income.
- **IRA, Annuity or Stipends:** Document from source showing frequency and gross amount **OR** 1099
- **Interest or Dividends:** 1099 **OR** Current Federal Income Taxes** **OR** letter from source
- **Workers Compensation or Disability Payments:** Document from source showing, the current gross amount and frequency of payments.
- **Lump Sum/Capital Gains:** Current Federal Income Taxes** **OR** a letter from the source showing the gross amount received.
- **Other Income:** Please submit documentation showing the source and frequency of payments.