

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 the
*(Printed Name of Person **GIVING** Assistance)*
following is a true and complete account of the financial assistance I gave

*(Printed Name of Person **RECEIVING** Assistance)*

I gave her/him: \$ _____ per: week month.
(Check One)

This financial assistance began _____ and will continue until _____.
(MM/DD/YYYY) *(MM/DD/YYYY)*

If the assistance is not continuous, the amount(s) given from _____ to _____
(MM/DD/YYYY) *(MM/DD/YYYY)*
was \$ _____ and it was given _____ date(s).
(MM/DD/YYYY)

My relationship to the APPLICANT is: _____

My address is: _____

My telephone number is: _____

Signature: _____ **Date:** _____
*(Person **GIVING** Assistance)* *(MM/DD/YYYY)*