



COMMUNITY ACTION FUEL ASSISTANCE

PO Box 1432 Greenfield MA 01302~413-774-2310~www.communityaction.us/fuel-assistance

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: _____