



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)

LOW-INCOME / NO INCOME FORM

(For use in cases of "no income" or when monthly income is equal to or less than \$100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.

Application #: _____ Date: _____

Applicant Name: _____

Your monthly calculated income of \$_____ is within \$100 of your housing cost of \$_____.

1) Please explain how you meet your basic living expenses specifically:

Utilities _____

Rent/mortgage _____

Clothing, personal care, medical expenses _____

Car and/or transportation expenses _____

Other _____

2) Do you have any overdue bills or collection notices? YES NO

If Yes, **you must provide copies of one month's bills/notices.**

Rent Mortgage Electric Gas Car Loan Medical

Credit cards Cable TV Telephone Other _____

3) Have you: a) made any withdrawals from your bank YES NO

If Yes, submit copies of bank statements which show amounts and dates.

b) received support from others to help meet your living expenses? YES NO

If Yes, complete a *Financial Assistance Statement* form. A *Financial Assistance Statement* is required if the support for others has lasted over 30 days.

4) How do you obtain food? SNAP (Food Stamps) WIC Other _____

5) Do you receive other non-cash assistance? YES NO

If yes, please specify: _____

I certify that all statements contained on this form and in my application are true. I understand that in the case of a fraudulent statement or misstatement of information on this form and application, I may be liable for the full value of any assistance received.

Applicant Name: _____

Date: _____

(print name)

Applicant Signature: _____

Date: _____