



377 Main St./PO Box 1432, Greenfield Ma, 01302

Phone:413-774-2310 Fax: 413-772-2733

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

SHARED LIVING / SEPARATE ECONOMIC UNIT QUESTIONNAIRE

Please complete this form if the Applicant shares an apartment or house with another individual(s). Each Applicant household must complete this form before the application can be processed:

Application #: _____ Date: _____

Applicant Name: _____

Landlord's Name: _____

Landlord's Phone #: _____

Landlord's Address: _____

Date you moved to this address: _____

How many individuals live in the apartment/house _____

Names: _____

Income

Do you have your own income? Yes No

If yes, explain what kind of income: _____

What type of income do the other individuals have? _____

Expenses

Who is responsible for the expenses of the apartment/house? _____

Whose name appears on the mortgage, lease, heating bill, electric bill, gas bill, telephone bill?

Please circle appropriate spaces for expenses you are responsible for and provide canceled checks and/or money orders for the past three months:

Rent Gas Electric Telephone Cable

Other (please specify): _____

Within the last year, have any of the other individuals living in the apartment/house helped you in any way with these expenses? _____

Living Arrangements/Division of Space

Are you related to any of the individual(s)? _____

If yes, what is the relationship? _____

Does everyone have access to common living space? _____

How many bedrooms in the apartment/house? _____

(Please provide lease, rental information form, or assessor's report)

Do individuals purchase food or other personal items separately? _____

Applicant's Signature: _____

Date: _____