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 those bills/notifications.
   □ 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: ________________
Applicant Signature: ____________________________ Date: ________________