SMOC 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 those bills/notice.

□ 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, completed 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 under the pains and penalties of perjury that all statements contained on this form and in my application are true. I understand that I may be liable for the full value of any assistance received as a result of a fraudulent statement or a misstatement of information and subject to criminal prosecution.

Applicant Name: __________________________________________ Date: __________
Applicant Signature: (print name) __________________________ Date: __________