



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
484 Main Street, 2nd Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810
Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: www.wcac.net

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LOW-INCOME / NO INCOME INTERVIEW FORM

(For use in cases of "no income" or when monthly income is equal to or less than \$200.00 after housing costs are deducted.) All sections of this form **MUST** be completed by applicant.

Applicant Name: _____ **Application #:** _____ **Date:** _____

1) Number and relationship of other household members: _____

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

Food/utilities _____

Rent/mortgage _____

Clothing/personal care, medical expenses _____

Other _____

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

If Yes, **you must provide copies of those bills/notices.**

Rent: ____ Mortgage: ____ Electric: ____ Gas: ____ Car Loan: ____

Medical: ____ Credit cards: ____ Cable TV: ____ Telephone: ____

Other: _____

4) 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.

5) How do you obtain food? SNAP (Food Stamps): _____ Other (explain): _____

6) Do you receive WIC or other non-cash assistance? ____ YES ____ NO

If yes, please specify: _____

7) How do you pay car expenses (gas, registration, car loan payment, insurance) and/or transportation?

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true, and that there is no understatement or misstatement of income or any other information. I understand that I will be liable for prosecution if I receive any benefits as a result of fraudulent statement in my application.

Applicant Name: _____

(print name)

Date: _____

Applicant Signature: _____

Date: _____

Interviewer's Signature: _____

Date: _____