



**WORCESTER COMMUNITY ACTION COUNCIL, INC.**  
**The Antipoverty Agency for Central Massachusetts**  
484 Main Street, 2<sup>nd</sup> Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810  
Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: [www.wcac.net](http://www.wcac.net)

## **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

### **FINANCIAL ASSISTANCE STATEMENT**

**Applicant Name:** \_\_\_\_\_

**Application #:** \_\_\_\_\_

**To Be Completed By the Person Giving the Assistance**

Please be informed that I, \_\_\_\_\_

*(Printed name of person **GIVING** assistance)*

certify under the penalties of perjury that the following is a true and complete account of the financial assistance I gave \_\_\_\_\_.

*(Printed name of person **RECEIVING** assistance)*

I gave her/him: \$ \_\_\_\_\_ per: (check one) \_\_\_\_\_ week \_\_\_\_\_ month.

This financial assistance began: \_\_\_/\_\_\_/\_\_\_ and will continue until \_\_\_/\_\_\_/\_\_\_.

If the assistance is not continuous, the amount (s) given from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ was \$ \_\_\_\_\_, and it was given \_\_\_/\_\_\_/\_\_\_ (Date(s)).

My relationship to the Applicant is: \_\_\_\_\_

My address is: \_\_\_\_\_

My home telephone number is: \_\_\_\_\_

My work telephone number is: \_\_\_\_\_

**THIS STATEMENT MUST BE NOTARIZED.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Person giving assistance)

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Signature: \_\_\_\_\_ **NOTARY SEAL**

Commission Expires On: \_\_\_/\_\_\_/\_\_\_



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