



**WORCESTER COMMUNITY ACTION COUNCIL, INC.**  
The Antipoverty Agency for Central Massachusetts  
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**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/notices.**

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: \_\_\_\_\_

*(print name)*

Applicant Signature: \_\_\_\_\_

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