

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
SELF-DECLARATION AND/OR MANAGEMENT STATEMENT

Applicant's Name (print clearly)

\_\_\_\_\_

Date of Service Requested \_\_\_\_\_

\_\_\_\_\_ I currently have no income.

1. My last date of employment or other income sources as stated on the intake form was:

\_\_\_\_\_

2. I am unable to provide proof of income because:

\_\_\_\_\_ Documentation was destroyed in a fire, flood, or other disaster.

\_\_\_\_\_ Documentation was lost

\_\_\_\_\_ I am paid in cash or self-employed and do not receive check stubs. Explain:

\_\_\_\_\_

\_\_\_\_\_

3. Do you receive child support? If so how much do you receive \_\_\_\_\_

4. Explain how you take care of paying your:

Housing: \_\_\_\_\_

Utilities: \_\_\_\_\_

Food: \_\_\_\_\_

Transportation (including insurance): \_\_\_\_\_

Other basic needs, household supplies, etc. \_\_\_\_\_

\_\_\_\_\_

I certify that all information and explanation I have given concerning my income and living situation are true and complete. I authorize the agency to make benefit payments directly to the vendor on my behalf. I understand that misrepresentation is illegal and that violators may be prosecuted or other actions taken to recover funds, I received for which am not legally eligible.

Applicant's Signature

Date

Agency Intake Staff Signature

Date