

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

Name of Individual (Head of Household) Applying for Assistance (print clearly):

Name of Individual Completing this Declaration: _____

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.

Signature of Individual Completing Form Date

Agency Intake Staff Signature Date