SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH MA 02360
FY2020

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, complete a 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: ________________

Applicant Signature: __________________________________________ Date: ________________