

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

**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 telephone number is: \_\_\_\_\_

**THIS STATEMENT MUST BE NOTARIZED.**

Signature: \_\_\_\_\_  
(Person giving assistance)

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_