

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) Statement of Financial Support

This self-declaration is to be completed when additional income verification is requested. You are being asked to complete this form for one or more of the following reasons:

1. You stated you or your household receives zero income. **A copy of your rental agreement or proof of home ownership, and a current bank statement (with all pages) is required.**
2. Your household expenses significantly exceed the income you reported.
3. To report undocumented sources of income or support for which hardcopy or supporting verification cannot otherwise be obtained.

PLEASE ATTACH COPIES OF REQUIRED DOCUMENTS AS APPLICABLE

Type of Income or Support	Amount received in the last 30 days	Source/Provider Verification <small>The signature of the provider is required where indicated.</small>
➤ Employment (Irregular, Seasonal) REQUIRED DOCUMENTS: Verification Letter from employer or statement reporting gross income	\$ _____	Business or Name: _____ Address: _____ Phone: _____
➤ Self-Employment REQUIRED DOCUMENTS: 1040 Tax Form with Schedule C; Hand-written ledger or 30 Day Profit and Loss (all must be signed and dated)	\$ _____	Business or Name: _____ Address: _____ Phone: _____
➤ Personal Income (Irregular income resulting from occasional sources such as, but not limited to, babysitting, mowing lawns, redeeming cans/bottles, donating blood/plasma, paid in cash or selling personal property) Income Type Here: _____	\$ _____	Business or Name: _____ Address: _____ Phone: _____
➤ Housing/Rental Assistance (Section 8, General Assistance) REQUIRED DOCUMENTS: HUD Verification Letter or GA Form SJ 64	\$ _____	Agency Name: _____ Address: _____ Phone: _____
➤ Child/Spousal Support (Private pay only) REQUIRED DOCUMENTS: If enforced by the courts or Dept. of Child Support, must provide support order or current statement of payments	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____
➤ Regular Cash Payments or Gifts on behalf of the household (Regular support expected to continue)	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____
➤ Irregular Cash Payments or Gifts on behalf of the household (One-time or occasional support not expected to continue)	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____
➤ Loans (An advance of money from lender to borrower where borrower has to repay, with or without interest. This applies to any commercial as well as noncommercial loan [between relatives, friends or others])	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____

By signing this form, I affirm that I believe these facts are accurate and true. I understand the agency will evaluate the information provided on this form to verify income and my eligibility for assistance. I understand that withholding information which would affect eligibility for assistance or the amount thereof, or giving false information in order to obtain or use benefits from the energy assistance program is fraud. I give the agency my permission to verify this information. The agency may deny services if the information appears to be insufficient or contradictory. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature of Applicant or Household Member

Date

Name of Applicant or Household Member (Print)

Applicant's Address