



**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM {LIHEAP}**

**SELF-EMPLOYMENT DECLARATION OF DISSOLUTION OF BUSINESS**

\_\_\_\_\_  
(Applicant Name)

\_\_\_\_\_  
(Application #)

I, \_\_\_\_\_, state that my Self-Employment  
business filed as a Schedule C under the name of:

\_\_\_\_\_ is no longer in operation.

The type of business it is/was: \_\_\_\_\_

The business was started on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The business was closed/dissolved on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Main Office**  
180 Main Street  
Gloucester, MA 01930  
978-282-1000

**Emergency Shelter**  
370 Main Street  
Gloucester, MA 01930  
978-282-1000

**Energy Services - North**  
47 Washington Street  
Gloucester, MA 01930  
**Energy:** 978-283-2131  
**Fuel Asst:** 978-282-1003

**Energy Services - South**  
3 Centennial Drive STE 230  
Peabody, MA 01960  
978-283-2131