



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

FINANCIAL ASSISTANCE STATEMENT

Applicant Name: _____

Application #: _____

To Be Completed By the Person Giving the Assistance

I, _____ certify under the penalties of perjury
(Printed name of person **GIVING** assistance)

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: _____

Signature: _____ **Date:** _____

(Person giving assistance)

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