

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: _____ Date: _____
(Person giving assistance)

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: ____/____/____