

**QUINCY COMMUNITY ACTION PROGRAMS**

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