



WCAC
BREAKING THE CYCLE OF POVERTY ONE NEIGHBOR AT A TIME

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LIHEAP FINANCIAL ASSISTANCE STATEMENT

Applicant Name: _____
Application #: _____

To Be Completed By the Person Giving the Assistance

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

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: ___/___/___