

**SELF HELP INC.**

**HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

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

Signature: \_\_\_\_\_  
(Person giving assistance)

Date: \_\_\_\_\_