



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
SELF-DECLARATION AND/OR STATEMENT OF MANAGEABILITY

Applicant's Name (print): _____
Last Name First Name Middle Name

For Agency Use Only:	Applicant Identification Number:
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Date of Service Requested: _____

I am unable to provide proof on my income because:

_____ Documentation was destroyed in a fire, flood, or other disaster.

_____ Documentation was lost.

_____ I am paid in cash and do not receive any documentation of my income.

_____ Other (explain): _____

_____ I currently have no income:

1. My last date of employment or other income sources as stated on the intake form was: _____

2. Explain how you are taking care of your basic needs (food, clothing, shelter, transportation, etc.) without income:

Certification: I certify that all information and explanations I have given concerning my income and living situation are true and complete. I authorize the agency to make benefit payments directly to the vendor on my behalf. I understand that misrepresentation is illegal and that violations may be prosecuted or other actions taken to recover funds I receive for which I am not legally eligible.

Applicant's Signature

Date

Agency Intake Staff Signature

Date