

SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH, MA 02360
FY2026

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

LOW-INCOME / NO INCOME FORM

(For use in cases of "no income" or when monthly income is equal to or less than \$100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.

Application #: _____

Date: _____

Applicant Name: _____

Your monthly calculated income of \$_____ is within \$100 of your housing cost of \$_____.

1) Please explain how you meet your basic living expenses specifically:

Utilities _____

Rent/mortgage _____

Clothing, personal care, medical expenses _____

Car and/or transportation expenses _____

Other _____

2) Do you have any overdue bills or collection notices? ☐ YES ☐ NO If Yes, **you must provide copies of one month's bills/notices.**

☐ Rent ☐ Mortgage ☐ Electric ☐ Gas ☐ Car Loan ☐ Medical
☐ Credit cards ☐ Cable TV ☐ Telephone ☐ Other _____

3) Have you: a) made any withdrawals from your bank ☐ YES ☐ NO

If Yes, submit copies of bank statements which show amounts and dates.

b) received support from others to help meet your living expenses? ☐ YES ☐ NO

If Yes, complete a Financial Assistance Statement form. A *Financial Assistance Statement* is required if the support for others has lasted over 30 days.

4) How do you obtain food? ☐ SNAP (Food Stamps) ☐ WIC ☐ Other _____

5) Do you receive other non-cash assistance? ☐ YES ☐ NO

If yes, please specify: _____

I certify that all statements contained on this form and in my application are true. I understand that in the case of a fraudulent statement or misstatement of information on this form and application, I may be liable for the full value of any assistance received.

Applicant Name: _____

Date: _____

(print name)

Applicant Signature: _____

Date: _____