SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH, MA 02360
FY2027

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 _____

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.

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

4) 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: _____

HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.