Low-Income Home Energy Assistance Program (LIHEAP) Self-Declaration and/or Statement of Manageability

Applicant's Name (Print):	
Last	First
1. I currently have no income.	
My last date of employment or other income You must explain how you are taking care of transportation, etc.) without income.	sources was: f your basic needs (shelter, utilities, food, clothing,
I am unable to provide proof of my income b	pecause:
2. The following member(s) of my household Social Security Administration:	d is/are disabled and has/have not been declared so by the
disability situation are true and complete. I	ns I have given concerning my income, living and/or understand that misrepresentation is illegal and that as taken to recover funds I receive for which I am not eligible.
Applicant Signature	Date
Comments:	FOR OFFICE USE ONLY
Staff Signature	Date