

**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 sources was: _____.

You must explain how you are taking care of your basic needs (shelter, utilities, food, clothing, transportation, etc.) without income.

I am unable to provide proof of my income because:

2. The following member(s) of my household is/are disabled and has/have not been declared so by the Social Security Administration:

I certify that all information and explanations I have given concerning my income, living and/or disability situation are true and complete. 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 eligible.

Applicant Signature Date

Comments: FOR OFFICE USE ONLY

Staff Signature Date