



**FLORIDA LIHEAP PROGRAM  
APPLICANT SELF-DECLARATION NOTARIZED STATEMENT**

I, \_\_\_\_\_ am applying for the LIHEAP Program  
APPLICANT NAME/HOUSEHOLD MEMBER  
services through the Lake Community Action Agency, Inc. and do not have any other  
AGENCY NAME  
proof of income to provide with my application. I also understand that making a false statement  
could result in me being held responsible for all costs associated with the agency providing  
services.

**APPLICANT/HOUSEHOLD MEMBER**

Date format: m/dd/yyyy

\_\_\_\_\_  
APPLICANT / HOUSEHOLD MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DWELLING ADDRESS

\_\_\_\_\_  
CITY & COUNTY

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ (name of person making statement).

\_\_\_\_\_ (Signature of Notary Public - State of Florida)

\_\_\_\_\_ (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_

Or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Notary Stamp / Seal: