



**LIHEAP
FINANCIAL ASSISTANCE FORM**

I, _____, am presently assisting _____
financially and/or otherwise and have been for approximately _____ Weeks/Months/Years.
I give him/her \$_____ per week/month/year.

Signature: _____ **Date:** _____

***I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge.*

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: