



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM Collateral Statement

APPLICANT'S NAME: _____

INSTRUCTIONS

- It is necessary to complete this form when the household is identified as ZERO Income.
- This form **MUST** be completed by a person who knows the applicant well. The attestant **MUST** not live with the applicant.

I give the person indicated below permission to complete and return this form on behalf of my household to the appropriate Community Action Agency. I understand that if circumstances are still questionable, the community action agency will contact the person making this statement for additional information.

Applicant's Signature

Date

Attestant's Name: _____

Attestant's Address: _____

Attestant's Phone: _____ Attestant's Email: _____

Relationship to Applicant _____ How long have you known the applicant? _____

How are you familiar with the household's circumstance(s)? _____

Does anyone in the household work? _____ If yes, who? _____

Has anyone moved in or out of the home within the last 2 months? _____

NAMES OF ADULTS (18 OR OLDER) LIVING IN THE HOUSEHOLD:

NAMES OF CHILDREN LIVING IN THE HOUSEHOLD:

STATEMENT OF ATTESTATION

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully commits any of the following actions shall be fined under this title and/or imprisoned for not longer than five (5) years: (1) Falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) Makes any materially false, fictitious, or fraudulent statement or representation; or (3) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

Attestant's Printed Name

Attestant's Signature

Date

For Agency Use, ONLY

INDICATE METHOD IN WHICH FORM COMPLETED: TELEPHONICALLY ELECTRONICALLY IN-PERSON