



City of Cambridge/DHSP  
Home Energy Assistance Program  
51 Inman Street, Cambridge, MA 02139  
Phone: (617) 349-6252 Fax: (617) 349-6246

## HOME ENERGY ASSISTANCE PROGRAM (HEAP)

### FINANCIAL ASSISTANCE STATEMENT

**Applicant Name:** \_\_\_\_\_  
**Application #:** \_\_\_\_\_

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#### To Be Completed By the Person Giving the Assistance

I, \_\_\_\_\_ certify under the penalties of perjury that  
(Printed name of person **GIVING** assistance)

the following is a true and complete account of the financial assistance I gave

\_\_\_\_\_.  
(Printed name of person **RECEIVING** assistance)

I gave her/him: \$\_\_\_\_\_ per: (check one) \_\_\_\_\_ week \_\_\_\_\_ month.

This financial assistance began: \_\_\_\_/\_\_\_\_/\_\_\_\_ and will continue until \_\_\_\_/\_\_\_\_/\_\_\_\_.

If the assistance is not continuous, the amount (s) given from \_\_\_\_/\_\_\_\_/\_\_\_\_ to  
\_\_\_\_/\_\_\_\_/\_\_\_\_ was \$\_\_\_\_\_, and it was given \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date(s)).

My relationship to the Applicant is: \_\_\_\_\_

My address is: \_\_\_\_\_

My telephone number is: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person giving assistance)