



**City of Cambridge/DHSP**

**Fuel Assistance Program**

51 Inman Street, Cambridge, MA 02139

Phone: (617) 349-6252

Fax: (617) 349-6246

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**NO MORTGAGE / NO HOMEOWNER'S INSURANCE STATEMENT**

**(For homeowner Applicants with no mortgage and/or no homeowner's insurance costs)**

Application #: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**I certify that I own my home and no longer have a mortgage (principal and interests) payment. My housing costs are as follows:**

- MORTGAGE (principal and interests)** \$ \_\_\_\_\_
  - HOMEOWNER'S INSURANCE POLICY** \$ \_\_\_\_\_
  - REAL ESTATE (municipal taxes)** \$ \_\_\_\_\_
  - CONDO FEES (if applicable)** \$ \_\_\_\_\_
  - MOBILE HOME PARK FEES (if applicable)** \$ \_\_\_\_\_
  - OTHER** \$ \_\_\_\_\_
- TOTAL HOUSING COSTS:** \$ \_\_\_\_\_

**I certify that all statements contained on this form and in my application are true. I understand that, in the case of understatement or misstatement of "no mortgage/no homeowner's insurance", I may be liable for the full value of any assistance received.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
print name

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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