



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 Rental Income Form

Application #: _____

To the Fuel Assistance Program:

I _____ own the property at _____. I have no rental income at _____ for the past _____ month(s)/year(s).

Name: _____

Address: _____

Telephone#: _____

Signature: _____

Date: _____

THIS STATEMENT MUST BE NOTARIZED.

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____ (name of document signer), Proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Signature: _____ **NOTARY SEAL**

Commission Expires On: _____/_____/_____