



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM Contribution Statement

**APPLICANT'S NAME:** \_\_\_\_\_ **VERIFICATION PERIOD:** \_\_\_\_\_

*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 I cannot use another LIHEAP recipient to complete this form. 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

**Name of Contributor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Complete this form to acknowledge that you made financial contributions to help the applicant during the period(s) and by the methods indicated below:

**Enter the amount you paid for the expenses below:**

Rent	\$ _____
Electric Bills	\$ _____
Gas/Propane Bills	\$ _____
Phone Bills	\$ _____
Other:	\$ _____

**To whom did you give the money?**

Applicant                       Paid Directly to Landlord or Utility Provider                       BOTH: Applicant & Utility/Landlord

Recipient's address (if other than applicant):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recipient's Phone #: \_\_\_\_\_

How often do you help 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..

I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to Arkansas Code Title 5. Criminal Offenses § 5-36-202.

**Contributor's Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contributor's Signature:** \_\_\_\_\_