CONTRIBUTION STATEMENT

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

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 (LIHEAP agency). I understand that I cannot use another LIHEAP recipient to complete this form. I understand that if circumstances are still questionable, the LIHEAP agency will contact the person making this statement for additional information.

_____ _____

Applicant's Signature Date

CONTRIBUTOR INFORMATION

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 $ _____ Phone Bills $ _____

Electric Bills $ _____ Other: _____ $ _____

Gas/Propane Bills $ _____

TO WHOM DID YOU GIVE THE MONEY?

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

If you marked both, how much did you pay each? Applicant $ _____ Utility/Landlord (circle one) $ _____

Recipient's address (if other than applicant):

_____

_____

_____

Recipient's Phone #: _____

STATEMENT OF ATTESTATION

I acknowledge that 18 U.S.C. § 1001(a), "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 _____