

NEW ENGLAND FARM WORKERS' COUNCIL
FUEL ASSISTANCE PROGRAM
1666 MAIN STREET
SPRINGFIELD, MA 01103
(413) 272-2209

FINANCIAL ASSISTANCE STATEMENT

Applicant: _____ Application #: _____

To Be Completed By The Person Giving The Assistance

Please be informed that I, _____, certify under the pains
(printed name of person **GIVING** assistance)
and penalties of perjury that the following is a true and complete account of the financial assistance I gave

(printed name of person **RECEIVING** assistance)

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

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 source of income is: _____

My address is: _____

My home telephone number is: _____

My work telephone number is: _____

I further understand that **NEW ENGLAND FARM WORKERS' COUNCIL** may request additional information to verify my income. At that time, I will be held liable if I have misstated or understated the assistance in any way.

Signature: _____ Date: _____
(of person giving the assistance)

THIS STATEMENT MUST BE NOTARIZED

State: _____

County: _____ ss

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

Notary Signature: _____

Commission Expires On: ___/___/___

(Notary Seal)