Phone: (617) 349-6252 Fax: (617) 349-6246

Home Energy Assistance Program (HEAP)

NO MORTGAGE / NO HOMEOWNER'S INSURANCE STATEMENT

Application #: Date:	
Applicant Name:	
I certify that I own my home and no longer have 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 n understatement or misstatement of "no mortgage/no home any assistance received.	ny application are true. I understand that, in the case eowner's insurance", I may be liable for the full value
Applicant Name:	Date:
print name	
Applicant Signature:	Date: