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 MORTGAGE / NO HOMEOWNER'S INSURANCE STATEMENT

(For homeowner Applicants with no mortgage and/or no homeowner's insurance costs)

Application #: _____ Date: _____

Applicant Name: _____

I certify that I own my home and no longer have a mortgage (principal and interests) 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 my application are true. I understand that, in the case of understatement or misstatement of "no mortgage/no homeowner's insurance", I may be liable for the full value of any assistance received.

Applicant Name: _____ Date: _____
Print name

Applicant Signature: _____ Date: _____