

**SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH, MA 02360
FY2022**

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:

- | | |
|---|-----------------|
| <input type="checkbox"/> MORTGAGE (principal and interests) | \$ _____ |
| <input type="checkbox"/> HOMEOWNER'S INSURANCE POLICY | \$ _____ |
| <input type="checkbox"/> REAL ESTATE (municipal taxes) | \$ _____ |
| <input type="checkbox"/> CONDO FEES (if applicable) | \$ _____ |
| <input type="checkbox"/> MOBILE HOME PARK FEES (if applicable) | \$ _____ |
| <input type="checkbox"/> 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: _____