

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, \_\_\_\_\_,  
*(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 was \$\_\_\_\_\_, and it was given on  
\_\_\_/\_\_\_/\_\_\_.

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 \_\_\_\_\_, proved 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 that he/she signed it voluntarily for its stated purpose.

Notary Signature: \_\_\_\_\_

Commission Expires On: \_\_\_/\_\_\_/\_\_\_

(Notary Seal)