## HOME ENERGY ASSISTANCE PROGRAM (HEAP)

## MINOR CHILD(REN) PRIMARY RESIDENCE SELF-DECLARATION

CAA Name: CAA Address:  Applicant Name: Physical Address: City State Zip:					CAA Phone:  CAA Fax:  CAA Email:  Date of Application:  Application ID#:				
APPLICANT (Custoe	dial Pa	arent/Guardian):							
I declare that I am the reside in my home 5		todial parent/guardian for t more of the time.	he m	ninor ch	ild(ren) liste	d below a	nd that said c	hild(ren)	
		of the child(ren) has an amount and check frequency)	\$			weekly	☐ biweekly	☐ monthly	
Child support is:		Collected and issued by DHHS of Child Support Disbursements N	S, Sup lade b	pport Enfo by DHHS n	Enforcement (If collected by DHHS, a copy of the Official Record S must be provided.)				
		Paid/issued directly to me							
Names of children t	his ag	reement applies to:							
Natas									
Notes:									
will provide additional	docum subjec	ertify that the information I gar entation upon request. If I hast to criminal prosecution, liab cility for benefits.	ave k	knowingl	y given false,	misleading	g, or incomplet	te information,	
	0:								
Custodial Parent/Guardian Signature					ate				