

APPLICATION FOR ENERGY ASSISTANCE

AUTHORIZED REPRESENTATIVE FORM

I, _____
(PRINT NAME OF APPLICANT)

authorize _____
(PRINT NAME OF AUTHORIZED REPRESENTATIVE)

to apply for Energy Assistance on my behalf.

Please fill in the following items and attach verification of each person for completion of application:

- How many people reside in the home. _____
- How many are less than two years of age. _____
- How many between three and five years of age. _____
- How many are between the ages of six and twenty. _____
- How many of them are handicapped. _____
- How many of them are homebound. _____

What is the primary heating source for the home: _____

Name of heating source vendor: _____

Living Quarters: (Check all that apply)

- | | | | |
|----------------------------|-------|---------------------------------|-------|
| Subsidized Housing | _____ | Owns and pays for heating | _____ |
| Rents and pays for heating | _____ | Rents and rent includes heating | _____ |

*****IF SUBSIDIZED HOUSING AND RENT INCLUDES HEATING, NOT ELIGIBLE FOR THIS PROGRAM*****

Applicants Signature Date

Home Address

Mailing Address