

CITIZENS FOR CITIZENS, INC.
250 GRIFFIN ST., FALL RIVER, MA 02724
1 TAUNTON GREEN, TAUNTON, MA 02780

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Utility/Deliverable Fuel Bill in Name of Person Outside the Household

This form is to be completed by the LIHEAP applicant when there is no other proof of address for the person listed on the utility/deliverable fuel bill.

Application #: _____

Applicant Name: _____

Address: _____ City, State, Zip _____

Utility

☛ Gas ☛ N/A

GAS Company Name: _____

GAS Account #: _____

GAS Customer Name: _____ (name on bill)

Customer Address: _____ (not client address)

☛ Electric

ELECTRIC Company Name: _____

ELECTRIC ACCOUNT #: _____

ELECTRIC Customer Name: _____ (name on bill)

Customer Address: _____ (not client address)

Deliverable

Deliverable Company Name: _____

Customer Name: _____ (name on bill)

Customer Address: _____ (not client address)

Please explain the circumstances that led the Applicant to use the Customer's name on the utility/deliverable bill.

I acknowledge that I was granted explicit permission from the person listed under the Utility and/or the Deliverable "Customer Name" above to use his/her name on the related bill.

Applicant Name (PRINT): _____

Applicant Signature: _____

Please return the completed form to CFC at the top of this form.

Please return your signed yellow application along with the items checked to:

___ **CFC, 250 Griffin Street, Fall River, MA 02724**

___ **CFC, 1 Taunton Green, Taunton, MA 02780**

___ **Current 1099 for Social Security and/or award letter. Call for a current copy at 1-800-772-1213**

___ **Current 1099 and/or stub for Pension(s), Annuities, IRA withdrawals.**

___ **Current 1099 for all interest and/or dividends**

___ **Rent receipt**

___ **Monthly mortgage statement** ___ **homeowners insurance**
 ___ **real estate tax bill**

___ **Copy of heating bill** ___ **Copy of electric bill**

___ **Copy of your photo ID**

___ **Social Security Card** ___ **Birth certificate for:**

___ **Proof of Federal SSI income – current bank statement or annual award letter.**

___ **Other** _____

Please remember ALL household members and their income must be included on your application, whether they contribute to the household or not.