

Citizens for Citizens, Inc.
250 Griffin Street/1 Taunton Green
Fall River, MA 02724/Taunton, MA 02780

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

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

This form is to be completed by the HEAP 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 #1

Utility Type: Gas Electric N/A

Utility Company Name: _____

Utility Account #: _____

Utility Customer Name: _____ (name on bill)

Customer Address: _____ (not Applicant's address)

Utility #2

Utility Type: Gas Electric N/A

Utility Company Name: _____

Utility Account #: _____

Utility Customer Name: _____ (name on bill)

Customer Address: _____ (not Applicant's address)

Deliverable

Deliverable Company Name: _____

Deliverable Customer Name: _____ (name on bill)

Deliverable Customer Address: _____ (not Applicant's address)

Please explain the circumstances that led the Applicant to use the Customer's name on 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): _____
print name

Applicant Signature: _____

Date: _____