

## 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.

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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: \_\_\_\_\_

Please return the completed form to Citizens for Citizens at 250 Griffin St., Fall River, MA 02724.

*HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.*