

**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