



**APPLICATION FOR ENERGY ASSISTANCE
AUTHORIZED REPRESENTATIVE FORM**

I, _____ authorize _____
(PRINT NAME OF APPLICANT) (PRINT NAME OF AUTHORIZED REPRESENTATIVE)

to apply for Energy Assistance on my behalf.

Please answer the following items and attach verification of each person living in the home; this is required for the application to be complete.

How many people reside in the home..... _____

How many are less than two years of age..... _____

How many are between three and five years of age..... _____

How many are between the ages of six and 20..... _____

How many are handicapped..... _____

How many are homebound..... _____

What is the primary heating source for the home: _____

Name of heating source vendor: _____

Living Quarters: (Check all that apply)

Subsidized Housing _____

Rents and pays for heating _____

Owns and pays for heating _____

Rents and rent includes heating costs _____

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

(Applicant Signature)

(Date)

(Home Address)

(Mailing Address)