



PO Box 5-626,
166 William Street New Bedford, MA 02740
Tel. 508-999-9920
Fax 508-999-3728

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
APPLICATION ADDENDUM**

APPLICATION NUMBER: _____

Please complete and sign below.

First Name Last Name	Relationship to Applicant	Date of Birth	Social Security number	Signature of adult household member verifying that the number stated is their Social Security number and authorizing the use of their Social Security number for the purposes stated in the application and Wage Match Notice on the back of this form and also available through (AGENCY).
1.				
2.				
3.				
4.				
5.				
6.				
7.				