



Low Income Home Energy Assistance Program (LIHEAP)

PROXY AUTHORIZATION FORM

Applicant Name:

Application Number:

I, _____ (Head of Household), hereby give permission to the following named individual to sign my Fuel Assistance Application for me.

Name of Authorized Proxy*:

Relationship to Applicant:

Signature of Head of Household:

_____ Date: _____

** The person identified as proxy must show a photo I. D. and a copy must be retained in the client's file. Also, a copy of the applicant's photo I.D. must be attached to this form.*