



377 Main St./PO Box 1432, Greenfield Ma, 01302
Phone:413-774-2310 Fax: 413-772-2733

Low Income Home Energy Assistance Program (LIHEAP)

PROXY AUTHORIZATION FORM

Applicant Name: _____

Application Number: _____

I, _____ (Applicant), hereby give permission to the following named individual to act as my Authorized Proxy and take the following actions on my behalf: sign my Home Energy Assistance Program Application for me, talk to the CAPV regarding my application and any issues surrounding it, and provide any documentation related to my application.

Name of Authorized Proxy*: _____

Proxy's Telephone Number: _____

Proxy's Email Address: _____

Relationship to Applicant: _____

I understand that I have the right to withdraw this Proxy Authorization Form. If I want to withdraw this, I will provide written notification to the CAPV.

Applicant Signature: _____ Date: _____

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