



## HOME ENERGY ASSISTANCE PROGRAM (HEAP)

### Utility/Deliverable Fuel Bill in Name of Person Outside the Household

This form is to be completed by the HEAP Applicant when there is no other proof of address for the person listed on the utility/deliverable fuel bill.

Application #: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### Utility #1

Utility Type:       Gas       Electric       N/A

Utility Company Name: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Utility Customer Name: \_\_\_\_\_ (name on bill)

Customer Address: \_\_\_\_\_ (not Applicant's address)

#### Utility #2

Utility Type:       Gas       Electric       N/A

Utility Company Name: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Utility Customer Name: \_\_\_\_\_ (name on bill)

Customer Address: \_\_\_\_\_ (not Applicant's address)

#### Deliverable

Deliverable Company Name: \_\_\_\_\_

Deliverable Customer Name: \_\_\_\_\_ (name on bill)

Deliverable Customer Address: \_\_\_\_\_ (not Applicant's address)

Please explain the circumstances that led the Applicant to use the Customer's name on utility/deliverable bill.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I was granted explicit permission from the person listed under the Utility and/or the Deliverable "Customer Name" above to use his/her name on the related bill.

Applicant Name (PRINT): \_\_\_\_\_  
print name

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to CAPV at PO Box 1432, Greenfield MA 01302.

HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.