



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 **Action, Inc.** 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 **Action, Inc.**

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.**

Main Office

180 Main Street
Gloucester, MA 01930
978-282-1000

Emergency Shelter

370 Main Street
Gloucester, MA 01930
978-282-1000

Energy Services - North

47 Washington Street
Gloucester, MA 01930
Energy: 978-283-2131
Fuel Asst: 978-282-1003

Energy Services - South

3 Centennial Drive STE 230
Peabody, MA 01960
978-283-2131