



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### Documents in Name of Person Outside the Household

This form is to be completed by the LIHEAP Applicant when there is no other proof of address for the person listed on their submitted documents.

Application #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Document Type:     Financial Statements     Mortgage/Rental Lease     Real Estate/Water & Sewer

Document Name: \_\_\_\_\_

Non-Household Member Name: \_\_\_\_\_

Non-Household Member Address: \_\_\_\_\_

\_\_\_\_\_

Must provide proof of Non-Household members residential address (ie: Utility Bill, Assessors Data, etc...).

Please list documents provided:

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

I acknowledge that I was granted explicit permission from the person listed on the statements to use his/her/their name on the related bill.

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

print name

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

Date: \_\_\_\_\_

Please return the completed form to **Action, Inc., ATTN: Fuel Assistance at 47 Washington Street, Gloucester, MA 01930**

#### 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