



## 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