



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### Utility/Deliverable Fuel Bill 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 the utility/deliverable fuel bill.

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

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

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

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

#### Utility

Utility Type:       Gas               Electric               N/A

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

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

Utility Customer Name: \_\_\_\_\_

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

#### Deliverable

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

Deliverable Customer Name: \_\_\_\_\_

Deliverable Customer 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 **Action, Inc. 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