NEW ENGLAND FARM WORKERS' COUNCIL FUEL ASSISTANCE PROGRAM 1666 MAIN STREET SPRINGFIELD, MA 01103 (413) 272-2209

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

PROXY AUTHORIZATION FORM

Applicant Name:	
Application Number:	
I,hereby give permission to the following Assistance Application for me.	(Head of Household), ag named individual to sign my Fuel
Name of Authorized Proxy*:	
Relationship to Applicant:	
Signature of Head of Household:	
Date:	

*The person identified as proxy must show a photo I.D. A copy of the applicant's photo I.D. must be attached.