

New England Farm Workers' Council  
**FUEL ASSISTANCE PROGRAM**  
473 Main Street, 3<sup>rd</sup> Floor  
Fitchburg, Massachusetts 01420  
(978) 342-4520 Fax: (978) 343-8615

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Application Number

## Low Income Home Energy Assistance Program (LIHEAP)

### Proxy Authorization

I, \_\_\_\_\_ (Applicant), give permission to the following named individual to act as my Authorized Proxy and take the following actions on my behalf:

1. Sign my Fuel Assistance application for me
2. Provide any documentation requested related to my application
3. Talk to NEFWC regarding my application and any issues surrounding it

Name of Authorized Proxy\*: \_\_\_\_\_

*\* The person identified as the proxy must show a photo ID and a copy must be retained in the client's file.*

Proxy's Telephone Number: \_\_\_\_\_

Proxy's Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I understand that I have the right to withdraw this proxy authorization. If I want to withdraw this, I will provide written notification to the NEFWC.

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

Signature of Applicant - *A copy of the applicant's photo ID must be attached to this form.*