

APP #: \_\_\_\_\_

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

**2<sup>ND</sup> PARTY BILLING FORM/FORMA DE UNA SEGUNDA PERSONA**

Your  gas  electric bill is not in your name. Please complete this form in full and provide current proof of address for this person.

-----  
**INFORMATION FOR PERSON WHOSE NAME THE BILL IS IN**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

-----  
EXPLAIN THE RELATIONSHIP OF THE BILLING NAME PERSON TO YOU. WHY IS THE BILL NOT IN YOUR NAME?

NOMBRE DE LA PERSONA DE QUE LA FACTURAS ESTA A NOMBRE PERO USTED ES RESPONSABLE?

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

**IMPORTANT**

**You MUST attach proof of address for the person in whose name your bill appears. Proof of address must be one of the following: current lease, utility bill, or a copy of current Social Security/SSI/TANF/EAEDC check (or benefit print out) with address on it.**

I certify under the pains and penalties of perjury that my energy bills are in another name for the reasons stated above. In addition there is no understatement or misstatement in regards to my household size or income on the LIHEAP application.

Certifico bajo pena de perjurio que mis facturas de energia estan bajo otro nombre por las razones ser dicho anterior. En adiccion, no he puesto una cantidad mas baja en mis ingresos ni he cometido error algun respecto al tamano de mi familia en la aplicacion de LIHEAP.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date`