

New England Farm Workers' Council
FUEL ASSISTANCE PROGRAM
473 Main Street, 3rd Floor
Fitchburg, Massachusetts 01420
(978) 342-4520

Applicant

Application Number

PERMISSION TO SIGN APPLICATION

I, _____, give permission to
_____ to sign my application for the Low Income
Home Energy Assistance Program (Fuel Assistance). The above named individual has
the knowledge of my financial affairs necessary to complete the questions contained on
the application.

Signature of applicant

Date: ____/____/____

Social Security Number