

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

2ND PARTY BILLING FORM/FORMA DE UNA SEGUNDA PERSONA

APP #: _____

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

.....
BILLING INFORMATION

BILLING 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