

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, _____ (Head of Household),
hereby give permission to the following named individual to sign my Fuel
Assistance Application for me.

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.