

UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone not listed as a household member

Head of Household's Name: _____ Date: _____
 Address: _____ City/State/Zip: _____

<p>Name of person listed on Heating bill:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>	<p>Name and address of person listed on Electric bill:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
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<p>Relationship of the household member to the individual listed on the utility bill (check one):</p> <p><input type="checkbox"/> Spouse or significant other</p> <p><input type="checkbox"/> Landlord</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Deceased family member</p> <p><input type="checkbox"/> Other _____</p>	<p>Relationship of the household member to the individual listed on the utility bill (check one):</p> <p><input type="checkbox"/> Spouse or significant other</p> <p><input type="checkbox"/> Landlord</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Deceased family member</p> <p><input type="checkbox"/> Other _____</p>
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In the space provided, please explain why your utility bill(s) is in the name of someone not listed as a household member:

Utility Affidavit

I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the monthly heating and electric bills.

I understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.

Signature of Head of Household: _____ Date: _____