LIHEAP/LIHWAP RESPONSIBILITY STATEMENT

[,			reside at
First	MI	Last	
Street Address		City	Zip
Ay Utility bill is in the name	of		
le/She is my bove address.	·	I am responsible for p	payment of the utility bill for the
nowingly falsifying inform ousehold who has applied for lorthern California Indian	ation may lead to or LIHEAP/LIHV Development IEAP/LIHWAP	to criminal prosecution WAP. I hereby grant p Council, Inc. to exc providers to insure	e. I am aware that willfully a on. I am the only person in r permission to the Tribe and/or to change my name and addre that there is no duplication
pplicant's Signature		Date	
ntake Worker's Signature		Date	
LIHEAP/LIHWAP RESPONSIBILITY STAT			reside at
, First	MI	Last	
Street Address		City	Zip
Iy Utility bill is in the name	of		
le/She is my		Lam responsible for r	payment of the utility bill for t

above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP/LIHWAP. I hereby grant permission to the Tribe and/or the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP/LIHWAP providers to insure that there is no duplication of LIHEAP/LIHWAP services to myself or my household.

Applicant's Signature

Date