

**LIHEAP/LIHWAP  
RESPONSIBILITY STATEMENT**

I, \_\_\_\_\_ reside at  
*First MI Last*

\_\_\_\_\_  
*Street Address City Zip*

My Utility bill is in the name of \_\_\_\_\_

He/She is my \_\_\_\_\_. I am responsible for payment of the utility bill for the 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

\_\_\_\_\_  
Intake Worker's Signature Date

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