

LIHEAP RESPONSIBILITY STATEMENT

I, _____ reside at

First MI Last

Street Address

City

Zip

My Utility bill is in the name of _____

The relationship that I have with this person is that they are my _____. I am responsible for payment of the utility bill for the above address. This person _____ reside at the above address. *(does or does not)*

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. I hereby grant permission to the Tribe and to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to ensure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature **Date**

Intake Worker's Signature **Date**