



# Energy Assistance Program Statement of Heating Bill Responsibility

\_\_\_\_\_  
Date

This is to certify that \_\_\_\_\_ is solely responsible for all the heating costs  
Applicant's Name

charged to \_\_\_\_\_, even though  
Applicant's Address

the \_\_\_\_\_ bill ( \_\_\_\_\_ ) is in my name.  
Utility Account #

By my signature below, I hereby declare that I am NOT a household member as defined by the Energy Assistance Program and I understand that any misrepresentation of the above facts can jeopardize future assistance benefits.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Phone Number

**Use this section ONLY if the applicant is unable to secure the account holder's signature on this document due to extraordinary or extenuating circumstances as explained by their statement below.**

*I am unable to secure the account holder's signature on this statement because:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date