



OFFICE OF
RESILIENCE AND
COMMUNITY SERVICES

DESIGNATED REPRESENTATIVE FORM

*****Photo ID REQUIRED for Designated Representative*****

I, **(1)** _____, appoint **(2)** _____
(LIHEAP APPLICANT) (REP. NOT IN HOUSEHOLD)

as my **designated representative**. I authorize the aforementioned person to apply for any
Low Income Home Energy Assistance Program (LIHEAP) benefits on my behalf.

(1)

Applicant Signature: _____ Date: _____

Applicant Phone: _____

(2)

Representative Signature: _____ Date: _____

Representative Phone: _____

OFFICE USE ONLY

Received By: _____ Date _____