



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
484 Main Street, 2nd Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810
Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: www.wcac.net

Low Income Home Energy Assistance Program (LIHEAP)

PROXY AUTHORIZATION FORM

Applicant Name: _____

Application Number: _____

I, _____ (Head of Household), hereby give permission to the following named individual to act as my Authorized Proxy and take the following actions on my behalf: sign my Fuel Assistance Application for me, talk to the Worcester Community Action Council regarding my application and any issues surrounding it, and provide any documentation related to my application.

Name of Authorized Proxy*: _____

Relationship to Applicant: _____

Proxy Phone: _____

I understand that I have the right to withdraw this Proxy Authorization Form. If I want to withdraw this, I will provide written notification to the Worcester Community Action Council.

Signature of Head of Household: _____ Date: _____

** The person identified as proxy must show a photo I. D. and a copy must be retained in the client's file. Also, a copy of the applicant's photo I.D. must be attached to this form.*