



AUTHORIZED REPRESENTATIVE RELEASE FORM

To appoint an authorized representative to act on your behalf for the purpose of providing information necessary to determine your eligibility and to assist with your LIEAP application, have your designated representative complete the following information and provide verification of his/her identity.

Printed Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

I, [insert applicant name] _____, authorize the above-named representative to act on my behalf for the purposes stated above.

Applicant Signature: _____ **Date:** _____