



City of Cambridge/DHSP  
Home Energy Assistance Program

51 Inman Street, Cambridge, MA 02139

Phone: (617) 349-6252

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**HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

**Utility/Deliverable Fuel Bill in Name of Person Outside the Household**

This form is to be completed by the HEAP Applicant when there is no other proof of address for the person listed on the utility/deliverable fuel bill.

Application #: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Utility #1**

Utility Type: ☐ Gas ☐ Electric ☐ N/A

Utility Company Name: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Utility Customer Name: \_\_\_\_\_ (name on bill)

Customer Address: \_\_\_\_\_ (not Applicant's address)

**Utility #2**

Utility Type: ☐ Gas ☐ Electric ☐ N/A

Utility Company Name: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Utility Customer Name: \_\_\_\_\_ (name on bill)

Customer Address: \_\_\_\_\_ (not Applicant's address)

**Deliverable**

Deliverable Company Name: \_\_\_\_\_

Deliverable Customer Name: \_\_\_\_\_ (name on bill)

Deliverable Customer Address: \_\_\_\_\_ (not Applicant's address)

Please explain the circumstances that led the Applicant to use the Customer's name on utility/deliverable bill.

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

I acknowledge that I was granted explicit permission from the person listed under the Utility and/or the Deliverable "Customer Name" above to use his/her name on the related bill.

Applicant Name (PRINT): \_\_\_\_\_  
print name

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to **(CCDHS)** at (51 Inman Street Cambridge, MA 02139).

*HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.*