



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.