LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
APPLICATION ADDENDUM

APPLICATION NUMBER: _____

Please complete and sign below.				
First Name Last Name	**Relationship to Applicant**	**Date of Birth**	**Social Security number**	**Signature of adult household member verifying that the number stated is their Social Security number and authorizing the use of their Social Security number for the purposes stated in the application and Wage Match Notice on this form, which are also available through WCAC.**
1.				
2.				
3.				
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7.				