



**WCAC**  
BREAKING THE CYCLE OF POVERTY ONE NEIGHBOR AT A TIME

484 Main Street, 2nd Floor • Worcester, Massachusetts • 01608-1810  
P: 508.754.1176 | F: 508.754.0203 | WCAC.NET |   @WCACInfo

## LIHEAP PROXY AUTHORIZATION FORM

Applicant Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

I, \_\_\_\_\_ (Applicant), 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 WCAC regarding my application and any issues surrounding it, and provide any documentation related to my application.

Name of Authorized Proxy\*: \_\_\_\_\_

Proxy's Telephone Number: \_\_\_\_\_

Proxy's Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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 WCAC.

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

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