

SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

APPLICANT'S NAME (NOT ACCOUNT HOLDER): _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

SECTION C: FOR AGENCY USE ONLY

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

AGENCY NAME: Jackson County Senior Citizens Org., Inc.

PHONE: 850-263-4650 or 850-263-2774 FAX 850-263-4136

AGENCY CASEWORKER'S NAME: _____

AGENCY CASEWORKER'S SIGNATURE: _____

DATE: _____

ACCOUNT# _____

ATTENTION: Utility Vendor: Provide information below by fax 850-263-4136 or email jacksonseniors2@gmail.com . DO NOT include the following fees: surge protection, yard light, co-op loans, returned check, water, sewage, or garbage.

Electric or Metered Gas: 1. Amount Due on account? _____ 2. How many months is account in arrears? _____ Attach last 12 months of utility usage if not listed on the bill. 3. Past Due amount _____ Past Due Date ____/____/____ 4. When is the disconnect date ____/____/____

Gas/Propane/Fuel Oil: 1. Amount Due on account? _____ 2. Cost for 100 gals \$ _____
3. Current % tank reading _____

Signature _____ Date: ____/____/____