IF NEEDED

UTILITY BILL
RESPONSIBILITY STATEMENT

(FOR USE WHEN BILL IS IN SOMEONE ELSE'S NAME)

(1) I, _____, reside at
LAST FIRST M.I.

(2) _____
STREET ADDRESS CITY ZIP

(3) My utility bill is in the name of _____
NAME

He/She is my _____. I am responsible for payment of the utility for the above address

(4) I certify that all information is true and correct to the best of my knowledge. I am aware that willfully and knowing falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for ECIP.

(5) _____ _____
Applicant's Signature Date

(6) _____ _____
Intake Worker's Signature Date