

**LIHEAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

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

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP. I hereby grant permission to the Tribe and/or the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to insure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature

Date

Intake Worker's Signature

Date

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