

**SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.  
71 OBERY STREET  
PLYMOUTH, MA 02360  
FY2022**

**Low Income Home Energy Assistance Program (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 Home Energy Assistance Program Application for me, talk to the SSCAC, Inc. 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 SSCAC, Inc.

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.**