**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 to 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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