



Proxy Authorization

Applicant – Please Print Name

I, _____ (Applicant), give permission to the following named individual to act as my Authorized Proxy and take the following actions on my behalf:

1. Sign my Fuel/ Electric Assistance application for me
2. Provide any documentation requested related to my application
3. Talk to SCS regarding my application and any issues surrounding it

Name of Authorized Proxy*: _____

Proxy's Telephone Number: _____

Relationship to Applicant: _____

I understand that I have the right to withdraw this proxy authorization. If I want to withdraw this, I will provide written notification to the SCS.

_____ Date: ____/____/____

Signature of Applicant

