



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 (please check all that apply):

- Sign my Fuel/Electric Assistance application on my behalf
- Provide any documentation requested related to my application
- Talk to SCS regarding my application and any questions or concerns that may arise

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 at any time. I understand I must provide written notification to Southwestern Community Services in the event that I choose to withdraw this authorization.

_____ Date: ____/____/____

Signature of Applicant

