

Print Client Name: _____ **Birth Date:** _____

I, _____, give permission for the above-named client to have the electric utilities in my name. The above-named client is responsible for making all payments on that account, as I do not live in the household. Please contact me if you have any questions.

Name: _____

Address: _____

Phone Number: _____

PENALTIES FOR FRAUD

- All household members will be ineligible for any Human Services' programs for a period of two years from case closure if no benefits are received.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

Signature

Date