

Head of Household Name: _____

Last 4 of SS # of Head of Household: _____

Date: _____

This will verify that the electric and/or gas for the property located at:

has been placed in the name of: _____

as of _____.
(Date)

**** Please check the appropriate box to verify which utilities have been placed in the applicant/participant's name.**

_____ Water

_____ Sewer

_____ Trash

SIGNED:

Representative for W, S, T provider

Date

Head of Household Signature

Date

Spouse/Other Family Member over age of 18 Signature

Date

Spouse/Other Family Member over age of 18 Signature

Date