



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
PROXY AUTHORIZATION FORM

RETURN THIS FORM TO:

Instructions: *If you are not able to apply in person, you may choose to send someone to your local OHEP agency on your behalf. List the person you would like to represent you. This person will be known as your Proxy. This form must be witnessed and signed. The signatures do not have to be notarized.*

I permit, _____ who is my _____ (Relationship to Applicant), to act as my proxy in requesting energy assistance under the Maryland Office of Home Energy Programs. I also grant access to all information needed to prove my income and the right to make a declaration of income for me.

NOTE: Proxy must be 18 years of age or older.

Proxy Street Address _____

Proxy City, State, Zip _____

Telephone Number _____

I cannot apply in person because:

APPLICANT:

Name

Signature

Date

PROXY:

Name

Signature

Date

WITNESS:

Name

Signature

Date