



Low Income Home Energy Savings Program (LIHESP)

REQUEST FOR PROOF OF GENERAL ASSISTANCE

Primary Applicant's Name: _____

Adult Household Member: _____

Applicant's Address: _____

Date of Application: _____

Name of Town requesting information from: _____

I, _____, authorize the release of information to Efficiency Maine LIHESP program, regarding assistance to my household for the following months:

Signature of household member who received assistance:

Date: _____ Signature: _____

*****THIS SECTION TO BE COMPLETED BY GENERAL ASSISTANCE*****

Type of Assistance	Amount and Date	Amount and Date	Amount and Date
Food			
Shelter			
Electricity			
Heating			
Taxes			
Transportation			
Other			

I, _____, certify that the above household member has received General Assistance as stated above.

Signature of General Assistance Officer: _____

Printed Name of General Assistance Officer: _____

Date: _____

Return with LIHESP Claim Form:

By email: hesp2@csgroup.com OR Fax: 207-622-9933 OR
Mail: 24 Stone Street, Suite 106, Augusta, ME 04330