

*Utility Allowance Verification*

Name of LIHEAP Client: \_\_\_\_\_

Client Address:

\_\_\_\_\_  
\_\_\_\_\_

Amount of Utility Allowance: \$ \_\_\_\_\_

Name of Housing Authority:

\_\_\_\_\_

Name of person certifying this amount at Housing Authority:

\_\_\_\_\_ Date: \_\_\_\_\_

LIHEAP Representative:

\_\_\_\_\_