

Middle Georgia Community Action Agency, Inc.  
Heart of Georgia Community Action Council, Inc.

**EAP/CAP**

**Application Authorization Form**

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to make application for the cooling/heating assistance program on my behalf. By signing this Authorization Form, I certify the following is true and correct to the best of my knowledge:

- The person I am authorizing is NOT a member of my household.
- This individual is 18 years of age or older.
- No one from my household is physically able to come into the center to apply in person.

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Number people living in the household \_\_\_\_\_

Please list all household members (including the applicant):

_____	Age _____	Income _____	Yes _____	No _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*use back if additional space is needed

**Documentation required:**

- Social security card or other government documentation showing social security numbers for all household members.
- Written proof of income for all household members, proof of one month is required.
- Declaration of -0- income statement for all household members 18 years of age or older who has no source of income.

**NOTE: Any required information and/or written documentation not provided at the time of application must be submitted within ten (10) working days in order to process your application. Incomplete applications will be denied.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date