Wisconsin Home Energy Assistance Program (WHEAP) AUTHORIZATION OF REPRESENTATION/AFFIDAVIT OF AGENT FORM

SECTION 1 – Applicant completes Authorization of Representation	
AUTHORIZATION OF REPRESENTATION	
I,, hereby authorize to	
	nt name>
submit my completed Wisconsin Department of Administration, Home Energy Plus Application Form(s)-	
to the WHEAP Agency*. I also authorize	to duly execute the
<agent name=""></agent>	
application(s) and all documents that may be necessary to establish that	
<agent name=""></agent>	
has not in any way changed or altered any information I may have given or statements I may have made on said	
application(s). I further state under penalties of perjury that this statement is true and correct to the best of my	
knowledge.	
This authorization is valid until (not to exceed five years from date of signature): Date:/	
	month year
Signature of WHEAP Applicant**	Date
*Agency refers to all agencies contracted to process WHEAP applications and the Division of Energy Housing and Community Resources.	
SECTION 2 —Authorized Agent completes Affidavit of Agent	
AFFIDAVIT OF AGENT	
I,, hereby certify that I am the authori <agent name=""></agent>	zed representative identified by
, to submit the Home Energy Plus Application Form(s) to the	
<applicant name=""></applicant>	
WHEAP agency. I also certify that I have not and will not alter any information given or statement made by	
on said application(s). I further state, under <applicant name=""></applicant>	
penalties of perjury, that this statement is correct to the best of my knowledge.	
Signature of Agent**	Date

^{**}By typing my name in the 'Signature of WHEAP Applicant/Agent' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.



