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

SECTION 1 – Applicant and WHEAP agency completes Authorization of Representation		
AUTHORIZATION OF REPRESENTATION		
I,, hereby authorize, to		
<applicant name=""></applicant>	< Agent name>	
submit my completed Wisconsin Department of Administration, Home Energy Plus Application Form(s)		
to I also authorize to duly to duly		to duly
<wheap agency=""></wheap>	<agent name=""></agent>	
execute the application(s) and all documents that may be necessary to establish that		
has not in any way changed or altered any information I may have given		
<agent name=""></agent>		
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
SECTION 2 – Applicant and WHEAP agency completes Affidavit of Agent		
AFFIDAVIT OF AGENT		
I,, hereby certify that I am the authorized representative identified by		
<agent name=""></agent>	, hereby certify that rain the author	ized representative identified by
	_, to submit the Home Energy Plus App	lication Form(s) to
<applicant name=""></applicant>		(6)
	I also certify that I have not and will not alter any information given	
<wheap agency="" name=""></wheap>		
or statements 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



