

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> *<Agent name>*

submit my completed Wisconsin Department of Administration, Home Energy Plus Application Form(s)
to Rusk County Health & Human Services. I also authorize _____ to duly
<WHEAP Agency> *<Agent name>*

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>

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
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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>

_____, to submit the Home Energy Plus Application Form(s) to
<Applicant name>
Rusk County Health & Human Services. I also certify that I have not and will not alter any information given
<WHEAP agency name>

or statements made by _____ on said application(s). I further state, under
<Applicant name>

penalties of perjury, that this statement is correct to the best of my knowledge.

Signature of Agent	Date
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