



Form EAP EAP1005 (Rev. 6/2025)

Port Angeles
228 W. 1st St Suite F
Port Angeles, WA 98362
360-452-4726

Port Townsend
2120 W. Sims Way
Port Townsend, WA 98368
360-385-2571

Energy Assistance Statement of Responsibility

Date: _____

This is to certify that _____ is solely responsible for all the
heating costs charged to _____, even though the
_____ bill _____ is in my name.
Applicant's Name
Applicant's Address
Utility Account #

By my signature below, I hereby declare that I am NOT a household member as defined by the Energy Assistance Program and I understand that any misrepresentation of the above facts can jeopardize future assistance benefits.

Name

Signature

Physical Address

Date

City State ZIP

Relationship to Applicant

Phone Number

Use this section ONLY if the applicant is unable to secure the account holder's signature on this document due to extraordinary or extenuating circumstances as explained by their statement below.

I am unable to secure the account holder's signature on this statement because:

Applicant Signature

Date