



Form EAP EAP1005 (Rev. 6/2025)

**Port Angeles**  
228 W. 1st St Suite J  
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

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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