



*Community Action Agency of
Northeast Alabama*

1481 McCurdy Ave S Rainsville, AL 35986 · 256-638-4430

2nd Party Authorization Form

I give _____ permission to make application
for the Energy Assistance Program for my household. I (*or my spouse*) am:

_____ age 60 or over

_____ disabled

(Signature of Head of Household or Spouse)

Date

(Witness, if signed by mark)

Date