MARYLAND OFFICE OF HOME ENERGY PROGRAMS
RESOURCE PROVIDER STATEMENT

***Instructions*: If someone outside of a government agency is helping you with the items listed in the table below, please have them complete this form.**

Please assist us by providing information about how you helped _____ during the past thirty (30) days, from _____ to _____.

Please tell us how you have assisted the household named above in the table below:

TYPE OF ASSISTANCE	MONEY GIVEN DIRECTLY TO APPLICANT (Please list the amount $)	PURCHASED OR PROVIDED FOR APPLICANT (Please list the value $)
1. Shelter -(rent/house payment)		
2. Food		
3. Utility		
4. Transportation		
5. Other Non-food items (clothing, personal items, etc)		
6. Additional Comments		

Please give us **YOUR** name, address & phone number:

Name: _____

Address: _____

_____

Phone: _____

I understand that there are criminal penalties (up to $10,000 fine and five years in jail or both) for knowingly providing false information.

_____ _____
Your Signature Date

OFFICE USE:

Date received: _____

Reviewed and approved: _____ _____
Worker's Signature Date