



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
RESOURCE PROVIDER STATEMENT

RETURN THIS FORM TO:

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: _____
Street Address: _____
City, State, Zip: _____
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 Signature Date