BENEFIT WAIVER REQUEST FORM

Date_____

Household Member_____

I, _____, approve the transfer of my heating/electric (circle one) benefit in the amount of _____ to be transferred to my heating/electric benefit (circle one).

I understand that transferring this benefit makes me ineligible to receive assistance toward this utility at a later date during this program year.

_____ _____ _____

Household Member **Date**

_____ _____

Agency Representative **Date**