



Benefit Waiver Request Form

Application Key: _____

Head of Household _____ Date _____

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 waiver makes me ineligible to receive assistance toward this utility at a later date during this program year.

Head of Household Signature Date

Agency Representative Signature Date