LIHEAP Proof of Residency Form for Non-Structured Address

If client is not able to provide documentation with their physical address (i.e. utility bill, identification card), please have them complete this form.

Name: _____ Date: _____

Residence address / description of location:

_____

_____

I certify that I/we live in the residence stated above.

_____

Signature

2316 S 6th Street, Suite B, Klamath Falls, OR 97601 541.882.3500 866.665.6438
541.882.3674 fax

KLCAS is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education, and employment for individuals with disabilities. To request disability accommodation, contact the KLCAS office at 541-882-3500. Oregon Relay 711.