



## **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:

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

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Signature



**2316 S 6<sup>th</sup> Street, Suite B, Klamath Falls, OR 97601 541.882.3500 866.665.6438**  
**541.882.3674 fax**

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