



**ENERGY ASSISTANCE  
AFFIDAVIT**

COUNTY ASSISTANCE OFFICE

DATE

**AFFIDAVIT**

I, \_\_\_\_\_ of \_\_\_\_\_  
(NAME) (ADDRESS)  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, having made application to the Department of Public Welfare for financial assistance pursuant to the Energy Assistance Program, and

Recognizing that the Department of Public Welfare has requested my Social Security Number to cross check for fraud or duplication of payments, do hereby swear or affirm that

To the best of my knowledge I do not have a Social Security Number and am, therefore, unable to comply with the Department's request.

I am exercising my rights under Section 7 of the Privacy Act of 1974, and refuse to disclose my Social Security Number.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Worker