

Lake Cumberland Community Action Agency, INC.

23 Industry Drive, P.O. Box 830 Jamestown, KY 42629-0830

Phone: 270-343-4600

Fax: 270-343-2800

AUTHORIZED AGENT FORM

_____ is authorized to assist me with my application and sign my name on necessary forms so that I may receive assistance from Lake Cumberland Community Action Agency.

_____ is familiar with my situation and I have provided them with the necessary information and forms to complete an application for assistance on my behalf.

Consumer's Signature

Phone or message number

Date

- ***This form must be notarized or a phone call must be documented before the application is completed.***

NOTARY INFORMATION

_____ appeared before me personally and gave permission to
Name of Client

_____ for the purpose of completing an application on their behalf to
Name of Authorized Person

receive assistance from Lake Cumberland Community Action Agency, Inc.

Sworn before me this _____ day of _____.

Notary Public, in and for _____ county, Kentucky.

Notary Public

My Commission Expires

Phone contact was made on _____ at _____
Date Time

By _____
Agency Representative