



**NORTHEAST FLORIDA COMMUNITY
ACTION AGENCY, INC.**

UTILITY BILL PAYMENT CERTIFICATION

FROM: _____
(The person whose name is on the bill making statement)

Current Address: _____

City State Zip County

Phone Number: _____

TO: Northeast Florida Community Action Agency, Inc.

(Agency's Site Address)

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I certify that the following statement is true about the utility bill at:

Address on Bill: _____

City State Zip County

Account Number: _____

Individual Responsible for the bill: _____

I further certify that:

- I do not live at the above address.
- The individual listed on the bill is deceased.
- The name on the bill is my maiden name.
- Other: _____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

NFCAA Staff: _____ **Date:** _____