

NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.



UTILITY BILL PAYMENT CERTIFICATION

FROM:

The person whose name is on the bill making statement

Current Address:

Address of Person Making Statement

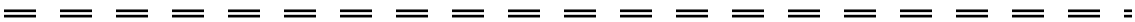
City State Zip County

Phone Number:

Phone Number including Area Code

TO: Northeast Florida Community Action Agency, Inc.

(Agency's Site Address) Completed by NFCAA Staff



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

Address on Bill:

Address on Utility Bill

City State Zip County

Account Number:

Account Number on Utility Bill

Individual Responsible for the bill:

Person Responsible for Paying Utility 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:

Signature of Personal Making Statement

Date:

Witness:

Signature of Witness

Date:

NFCAA Staff:

Date: