

**Charlotte County  
Department of Human  
Services**



**Utility Permission Form**

**Print Client Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

I, \_\_\_\_\_, give permission for the above-named client to have the utilities in my name. The above-named client is responsible for making all payments on that account, as I do not live in the household. Please contact me if you have any questions.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**PENALTIES FOR FRAUD**

- All household members will be ineligible for any Human Services' programs for a period of two years from the date the fraud was discovered if no benefits are received.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**