

Client Portal – Sign Application

ACCOUNT INFORMATION

GENERAL INFO

Client ID:	358668	
Email Address:	testing@test.com	
Application Date:	3/11/2022	[PRINT]
Application Signature:	< application unsigned >	[SIGN]
Certification Date:	3/11/2022	
Certification:	Level 1	[PRINT]

From the Account Information page, click here to electronically sign the application.

Please read the text provided by the Department of Social Services regarding signing the application. This is the same language that is used on the paper application.

SIGN APPLICATION

On this screen, you can electronically sign your Energy application.
Please read the following carefully before signing.

I have read this form, or it has been read to me in a language that I understand. I understand what is in the form. As the applicant for my household, I swear that all statements made by me on this application are true, correct, and complete to the best of my knowledge. I understand that if any household members are aliens, only qualified aliens may be eligible to receive federal energy assistance benefits.

I agree to provide to the Department of Social Services, or its Energy Assistance contractor, the community action agency, any information, including wage and asset information, which is necessary to determine my household's eligibility. I also understand that the community action agency or the Department of Social Services may verify or confirm any information required to determine my eligibility for this program. I agree that the information in this application may be provided to my energy vendors for purposes of the administration of the Energy Assistance Program, and to any programs operated by the community action agency or DSS for which I am eligible for benefits. I also give consent for this information to be provided to any authorized government agency. I agree for my energy vendors to provide the community action agency or DSS information about my energy account and/or usage. I also understand that information in this application may be used for evaluations and surveys.

I understand that if I am granted assistance as a result of my error, misrepresentation, or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I am subject to prosecution and penalties for false statements and larceny, as specified in sections 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under law.

ELECTRONIC SIGNATURE

Applicant Full Name: Johnny Test 20201125-2 fuelware

Enter your full name:

Enter your initials:

Consent:

You agree your electronic signature is the legal equivalent of your manual signature on this Application. By marking the following checkbox you consent to be legally bound by this Agreement's terms and conditions.

Mark the checkbox to agree:

[SIGN] [CANCEL]

Enter your full name here. It must match the 'Applicant Full Name' field in order to continue.

Enter your initials here.

Read the Consent text and mark the checkbox to agree.

Click the 'SIGN' button to sign the application.

Application Date:	3/11/2022	[PRINT]
Application Signature:	Signed 3/24/2022 11:43:32	[SIGN]
Certification Date:	3/11/2022	
Certification:	Level 1	[PRINT]

Your signature status will change accordingly.

