

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

CAA Name: _____ CAA Phone: _____
CAA Address: _____ CAA Fax: _____
_____ CAA Email: _____

Applicant: _____ Application ID: _____
Current Phone: _____ Email: _____

**AUTHORIZATION TO RELEASE INFORMATION AND CONTACT AUTHORIZED INDIVIDUAL(S)
REGARDING HEAP AND OTHER RELATED PROGRAMS**

INSTRUCTIONS: Return the completed Release to the CAA identified above.

By signing this Release, I, the Applicant:

- 1. Grant permission for the individual(s) listed below to contact the CAA identified above, regarding my HEAP application for program year _____.
- 2. Authorize the CAA to disclose information of a personal nature, such as my HEAP application status, benefit amount and status regarding other CAA-related programs to the individual(s) listed below in order to process my benefit and/or determine eligibility.
- 3. Grant permission for the CAA to contact the individual(s) listed below to obtain information and/or make inquiries that may assist the CAA to process my benefit and/or determine eligibility.
- 4. Understand that unless rescinded, this Release will be in effect for the HEAP program year identified in paragraph 1.
- 5. Understand that if I wish to revoke or rescind this Release prior to the close of the HEAP program year identified in paragraph 1, I must submit a request to rescind in writing to the CAA.

AUTHORIZED INDIVIDUALS

Name _____ Name _____
Address _____ Address _____
Phone Number _____ Phone Number _____
Relationship _____ Relationship _____

Name _____ Name _____
Address _____ Address _____
Phone Number _____ Phone Number _____
Relationship _____ Relationship _____

Applicant signature

Effective Date