

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

PERMISSION TO SHARE INFORMATION

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

Applicant Name: _____ Date of Application: _____
Physical Address: _____ Application ID#: _____
City State Zip: _____

INSTRUCTIONS: All household members 18 years old or older must sign the Permission To Share Personal Information form.

I grant permission to MaineHousing and the above-named CAA to:

- (1) provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA;
(2) provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;
(3) provide information to and obtain information from the agencies referenced above or others as needed to determine and confirm eligibility for MaineHousing programs and other programs administered by the CAA;
(4) disclose my personal information for the determination of eligibility for programs administered by State, federal, and local agencies; and
(5) inspect the heating fuel and utility billing and payment records for my current residence for up to five years prior to and up to five years after the date of this consent for purposes of determining eligibility and evaluating the effectiveness of any weatherization work performed.

I also grant permission to state and federal agencies to share my personal information relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I specifically grant permission to the Maine Department of Health and Human Services, the Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing.

Printed Name _____ Social Security Number _____
Signature _____ Date _____
Printed Name _____ Social Security Number _____
Signature _____ Date _____
Printed Name _____ Social Security Number _____
Signature _____ Date _____
Printed Name _____ Social Security Number _____
Signature _____ Date _____