



Authorization for Release of General and/or Confidential Information



For LIHEAP/EHEAP Federal Reporting

The Florida Department of Economic Opportunity (DEO) is requesting that you authorize your utility service provider to disclose the following information to the Economic Opportunities Council of Indian River County, Inc. (EOC), to which you are applying for assistance, the following information:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
Your total annual energy usage and charges for up to twelve months.

EOC will use this information to develop LIHEAP program performance measures required to meet Federal reporting requirements.

Please note as follows:

- You have a right to receive a copy of this form.
You are not required to authorize your utility service provider to disclose your customer data.
Your decision not to authorize the disclosure will not affect your utility services or any Low Income Home Energy Assistance Program (LIHEAP) nor Emergency Home Energy Assistance Program for the Elderly (EHEAP) assistance you for which you may be eligible.
Your utility service provider may not disclose your customer data unless you authorize the disclosure to EOC or DEO as otherwise permitted or required by laws or regulations.
Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that EOC maintains the confidentiality of the data or uses the data as authorized by you.
EOC will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

Table with 2 columns and 5 rows: ACCOUNT HOLDER (CUSTOMER NAME), SERVICE ADDRESS FOR UTILITY, NAME OF UTILITY SERVICE PROVIDER, UTILITY ACCOUNT NUMBER, PHONE NUMBER FOR UTILITY ACCOUNT.

SECTION A: IF APPLICANT IS THE ACCOUNT HOLDER, HE/SHE MUST READ AND COMPLETE THIS SECTION AS PART OF THE APPLICATION PROCESS

I hereby authorize the above named Utility Service Provider to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including DEO, EOC. I understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over my account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

ACCOUNT HOLDER'S SIGNATURE:

DATE SIGNED:



Authorization for Release of General and/or Confidential Information (Continued)



SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

APPLICANT'S NAME (NOT ACCOUNT HOLDER): _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

SECTION C: FOR AGENCY USE ONLY

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

AGENCY'S NAME: Economic Opportunities Council of Indian River County, Inc. _____

PHONE #: 772-562-4177 _____

CASEWORKER'S NAME: _____

CASEWORKER'S SIGNATURE: _____

DATE SIGNED: _____

