

# Authorization for Release of General and/or Confidential Information

**FLORIDAC®MMERCE** 

#### 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.

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:





## 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 t auditing purposes.	he Applicant's file and make it available to the utility vendor of record upon request, for accounting a	nd
AGENCY'S NAME:	Economic Opportunities Council of Indian River County, Inc.	
PHONE #:	772-562-4177	
CASEWORKER'S NAM	E:	
CASEWORKER'S SIGN	ATURE:	
DATE SIGNED:		





## Notice Regarding Collection of Social Security Numbers

Low Income Home Energy Assistance Program (LIHEAP) Community Servics Block Grant (CSBG)

The following disclosure is being made pursuant to Section 119.071(5), Florida Statutes.

Social Security Numbers (SSN) of applicants and household members are requested because this information has been determined necessary for collection under the Low Income Home Energy Assistance Program (LIHEAP) and the Community Services Block Grant (CSBG). This information is not required by State or Federal Law; however, SSN's are necessary to determine eligibility for program services and, specifically, the following purposes:

- 1. Verify applicant's identity;
- 2. Verify household size; and/or,
- 3. Verify household income.

A Social Security Number collected, pursuant to this notice, can only be used by the Florida Department of Economic Development and the **Economic Opportuntities Council of Indian River County, Inc.**, DEO's subgrantee, for the purposes specified above.

## Nondisclosure except under limited circumstances

Social Security Numbers will not be disclosed to others unless required or authorized by Florida Law. Section 119.071(5), <u>Florida Statutes</u>, allows disclosure of a person's Social Security Number under the following specific, limited circumstances:

• If disclosure is expressly required by Federal or State Law or is necessary for the agency or governmental entity to perform its duties and responsibilities;

- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or

Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);

• For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or,

• If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.

• If disclosure is requested by a commercial entity for permissible uses under the Federal Driver's Privacy Protection Act of 1994; the Federal Fair Credit Reporting Act; or, the Federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy or personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; and, for use in connection with a credit transaction).

## **Acknowledgement of Receipt of Notice**

I confirm that I have been provided a copy of this Notice regarding the collection of my Social Security Number and the Social Security Numbers of members of my household as part of the application process for receipt of services under the LIHEAP and/or CSBG Programs.

Applicant Signature

Date

Staff Signature

Date