



Authorization for Release of General and/or Confidential Information  
For LIHEAP/EHEAP Federal Reporting

The Florida Department of Economic Opportunity's (DEO) LIHEAP Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- 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.

The Florida LIHEAP office and its contractors will use this information to assess your need for other services (such as budget counseling, energy education, or weatherization), develop LIHEAP program performance measures, and meet Federal reporting requirements.

Please note that:

- 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 LIHEAP assistance you may be eligible for.
- Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, DEO, or 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 the Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- The Florida LIHEAP office 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.

<b>ACCOUNT HOLDER (CUSTOMER NAME):</b>	
<b>SERVICE ADDRESS FOR UTILITY:</b>	
<b>NAME OF UTILITY SERVICE PROVIDER:</b>	
<b>UTILITY ACCOUNT NUMBER:</b>	
<b>PHONE NUMBER FOR UTILITY ACCOUNT:</b>	

**SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER**

I hereby authorize the above named utility and this agency to disclose pertinent information to the Florida LIHEAP Office. I understand that the need or purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. 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:** \_\_\_\_\_

**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 that I am not the Account Holder with the named utility, but I am authorized by the Account Holder to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. All information is accurate to the best of my knowledge. I understand that the need or purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. 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:** \_\_\_\_\_