

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 Understand that unless rescinded, this Release will be in effect for the HEAP program year identified in paragraph 1.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