

Waivers on Applications to Release Utility Data

Following are excerpts from state LIHEAP applications that require a client signature to release utility data. These applications can be found on the Clearinghouse website at:
<http://www.liheap.ncat.org/profiles/energyhelp.htm>

Alaska

Your signature on this application gives the Department of Health and Social Services and the Department of Law permission to ask for:

- Information about your finances
- Information about your utility/heating costs and usage and billing history with your utility/heating vendor
- Information about your citizenship and personal history

This information is only used in the administration of the Heating Assistance program and will not be released to any other person or agency outside of the Department of Health and Social Services except our weatherization partner, Alaska Housing Finance Corporation; or any other agency we are working with on your behalf as it relates to your heating assistance application and benefits including the right to provide verification of your eligibility and participation to agencies administering the CITGO Fuel Program.

The people or organizations that may be contacted include, but are not limited to: **fuel and electric companies**, the Alaska Housing Finance Corporation, Department of Labor and Workforce Development, Department of Law, Department of Military and Veterans Affairs, Department of Corrections, Department of Revenue, U.S. Immigration Services, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

Colorado

The Colorado LEAP office is requesting that you authorize your utility service provider to disclose the following information to the LEAP office:

- Your utility account payment history and other account details, such as utility charges, payment history, past due amounts, pending deposits, current shut-off due dates or disconnections, current life support status, payment arrangements, and history of energy assistance payments.
- Your general energy usage data for up to twenty-four months (at no greater level of detail than monthly totals), which is customer-specific information that is collected from your Electric Natural Gas utility meter by your utility service provider.

The LEAP office will use this information to help determine your eligibility for and assist you in applying to participate in energy assistance programs. If you authorize the disclosure, it will start on the date you sign this application and end when you terminate your participation in the relevant energy assistance program. You have a right to receive a copy of this form.

Please note that:

- 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.
- Your utility service provider may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) 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 LEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- Pursuant to section 26-1-114, C.R.S., LEAP will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations.

District of Columbia

Application Affirmation and Authorization to Verify Income:

28. I swear or affirm that all information on this application, and all information I submitted or will submit in support of this application, is true, correct and complete to the best of my knowledge, ability and belief. I understand that I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DDOE permission to contact any parties necessary to verify the information that I have provide

29. I understand that I will be notified in the event that energy assistance funding is no longer available or if this application is denied.

30. I hereby authorize the utility companies to release my account number and account information.

This includes arrearage information for the purpose of allowing DDOE and entities acting on behalf of DDOE to assess the effectiveness of services provided to consumers by DDOE

31. Release: I ___ DO ___ DO NOT

hereby grant permission to DDOE to provide information in my file to utility companies and Eligible Telecommunications Carriers (ETCs) for rate classification purposes and marketing for the Utility Discount Programs (UDP) only, to other agencies and organizations from whom I may seek financial assistance, and for purposes of verification, research, evaluation and analysis

Maryland

8. The applicant or proxy must sign this application before it can be processed.

I declare that the information provided to Office of Home Energy Programs (OHEP) is true, correct, and complete. I understand that when this application is signed, permission is given: 1) for the OHEP and/or the Office of Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits; (2) for the other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application; and (3) for my gas/electric company or other agency giving a service/benefit to have information on this application given to them and/or received from them.

Massachusetts

AUTHORIZATION FOR USE OF PERSONAL INFORMATION:

My signature below gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors and agents, my utility company(ies), and for my utility company(ies) to share information with the AGENCY, other offices of the state and federal governments, and their designated subcontractors and agents.

I authorize the AGENCY to obtain a record of my annual energy consumption, cost, and billing information from my heating company for purposes of program evaluation or operation

AUTHORIZATION FOR INFORMATION SHARING FOR HEATING AND UTILITY DISCOUNTS AND BENEFITS:

I authorize the AGENCY to provide my heating company/utility and my secondary energy company/utility with information concerning my Fuel Assistance application if this could result in a discounted heating/energy bill.

I further authorize the AGENCY to share my name and address, identifying me as a fuel assistance recipient, with my telephone and other supplier/company/utility information if this could result in a discount or other benefit from the supplier/company/utility. The AGENCY may also request that I supply account number information for this purpose.

I understand that this authorization is for my benefit and I do not have to agree in order to receive assistance under this application. I have read the above authorization and agree to its terms; however, if I do not agree, I shall so indicate below.

I do not consent to have my information shared for heating and utility discounts and benefit

Minnesota

Part 5. Consent and Signature for October 1, 2013 to September 30, 2014

1. I give my consent for my heating and electric companies to give data about my account and energy use to the Minnesota Department of Commerce (DOC) and DOC's contractors for the Energy Assistance Program (EAP), the Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP).

Montana

RELEASE OF CONFIDENTIAL INFORMATION AUTHORIZATION TO MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO OBTAIN PERSONAL INFORMATION.

I authorize any individual, company, agency, or other entity which has information about me or my household, including, but not limited to, the information sources listed below to release or disclose information to the Montana Department of Public Health and Human Services (DPHHS) and/or to any agent or contractor to the DPHHS which is authorized to determine eligibility for Energy Assistance or Weatherization benefits. I authorize the disclosure of release of any information relevant to my eligibility for Energy Assistance or Weatherization benefits, including, but not limited to, the information to be released or disclosed listed below. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained may be released or disclosed to a proper government agency, court of law or law enforcement agency for purposes of legal investigative actions concerning fraud. I further understand that information contained on this application can be used in DPHHS electronic databases for the determination of eligibility for programs and/or to record services provided to my household for federal and /or state reporting purposes.

INFORMATION SOURCE:

Banks, Savings & Loans, Credit Unions, Employers, Social Security Administration, Veterans Administration, State Department of Labor and Industry, Internal Revenue Service, State Department of Revenue, State Compensation Insurance Fund, Unemployment Compensation Division, County Clerk & Recorder, Bureau of Indian Affairs, Utility Suppliers and Vendors, Other Social Services Providers, Landlord, Child Support Enforcement Division, Office of Public Assistance, and other sources which may be deemed necessary.

INFORMATION TO BE RELEASED OR DISCLOSED:

Savings, Certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his/her agent and representatives of the financial institution), Gross Earnings, Social Security Payments, V.A. Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts, Amount of Fuel Assistance received from agencies, Utility Account Information: including, but not limited to, Utility Account and Billing Information, Child Support Payments, Benefit Information

New Jersey

24. Applicant Certification

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. The Department of Community Affairs (DCA) may use my Social Security Number to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veterans benefits. As part of the eligibility verification process DCA has my permission to contact other agencies on my behalf to establish eligibility. I understand that I may request an administrative review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

I grant permission to the (administering agency) or its designee and to a representative of the state Weatherization Program to inspect heating fuel and utility billing records for (applicant address) for not more than five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done. The information on this application will also be used to determine eligibility for the Universal Service Fund (USF) and other government related programs for which I may be eligible. I direct the appropriate utility and fuel companies to make such records available to (the administering agency) or its designee.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

Wisconsin

8. I understand that by providing the account numbers for my household energy suppliers(s) I

am authorizing the energy provider(s) to provide details about the account and energy use to the Wisconsin Department of Administration for the purposes of eligibility determination of this and future applications, benefit determination, and program evaluation and analysis including before and after receiving any weatherization services.

Wyoming

IV. AUTHORIZATION TO FURNISH INFORMATION

I do hereby authorize any person having custody or knowledge of information relating to myself and members of my household, to furnish any requested information, including confidential information, to any duly authorized agent of the Department of Family Services and Align the LIEAP agent. This information is to be used solely for the purpose of determining eligibility for the programs for which I am applying. I also agree to provide information necessary to verify any statement given on this application. This release is valid from the date set out on this application and shall remain valid until revoked by the applicant, in writing. A copy of this authorization is as valid as the original. This authorization includes permission for utility providers and/or fuel suppliers to release fuel consumption, fuel usage, fuel type, annual fuel cost and payment history to any duly authorized agent of the Department of Family Services and Align the LIEAP agent.