CLEAR

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

PERMISSION TO SHARE INFORMATION

CAA Name:	KVCAP	**CAA Phone:**	(207) 859-1500
CAA Address:	101 Water St	**CAA Fax:**	
	Waterville, ME 04901	**CAA Email:**	energy@kvcap.org

Primary Applicant: _____ **Application ID:** _____

INSTRUCTIONS: All household members 18 years old or older must sign the Permission To Share Personal Information form.

Your personal information is confidential. With your consent, your personal information, including historical information, will be made available to other agencies, including MaineHousing Partner Agencies, who may provide services to you through the Home Energy Assistance Program or other MaineHousing Programs. A list of MaineHousing Partner Agencies is available from MaineHousing.

I grant permission to MaineHousing, the above-named CAA and MaineHousing Partner Agencies to:

(1) provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA;

(2) provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;

(3) provide information to and obtain information from the agencies referenced above or others as needed to determine and confirm eligibility for MaineHousing programs and other programs administered by the CAA;

(4) disclose my personal information for the determination of eligibility for programs administered by State, federal, and local agencies (i.e. utility companies, water districts, etc.); and

(5) inspect the heating fuel and utility billing and payment records for my current residence for up to five years prior to and up to five years after the date of this consent for purposes of determining eligibility and evaluating the effectiveness of any weatherization work performed.

I also grant permission to state and federal agencies to share my personal information relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I specifically grant permission to Local Housing Authorities, Maine Department of Health and Human Services, Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing.

I further acknowledge and agree that the Primary Applicant listed on this Permission to Share Information Form applied for the Home Energy Assistance Program on behalf of the Household, which includes myself, and that the Household will be bound by the affirmations made by the Primary Applicant on the application, regarding the truth, accuracy and completeness of the information provided about the Household and the penalties for omitting or providing false or misrepresented information. In the event that the Primary Applicant is determined ineligible for benefits, but the Household remains partially eligible, I understand that by signing below, I am agreeing to the terms and conditions of the Home Energy Assistance Program outlined in the program requirements, and further agreeing to comply with those terms and conditions as set forth by MaineHousing and the CAA.

_____
Printed Name

_____ _____
Signature Date

_____
Printed Name

_____ _____
Signature Date

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Printed Name

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Signature Date

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Printed Name

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Signature Date