



AUTHORIZATION FOR RELEASE FOR INFORMATION

The undersigned authorizes the City of Sanford to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the City of Sanford Community Relations & Neighborhood Engagement Department, LIHWAP/LIHEAP program including authorization to obtain the client water bill account information.

The undersigned certify that the information given to the City of Sanford Community Relations & Neighborhood Engagement Department on household members, income, and utility account information is accurate.

PRIVACY ACT NOTICE STATEMENT: The City of Sanford Community Relations & Neighborhood Engagement Department require the collection of this information to determine an applicant's eligibility and the amount of assistance necessary. This information will be used to establish level of benefit, to protect the government's state and local agencies. Failure to provide any information may result in a delay or rejection of your eligibility approval.

ALL HOUSEHOLD MEMBERS MUST SIGN THIS FORM

I agree that copies of this Authorization may be used for the purpose stated. This consent will expire 12 months from the date signed.

I understand that false statement or information is punishable by termination of LIHEAP/LIHWAP assistance.

Signature of Head of Household

Social Security Number

Date