

**Low-Income Energy Assistance Program (LEAP)
Emergency Financial Assistance
Consent to Disclose Information**

Personal Information:

Name: _____
(First, Middle Initial, Last)

Name of Service Provider: _____

Service Provider Account Number: _____

Residential Address: _____
(Street Address, Unit Number, City, Postal Code)

Consent:

I grant my consent to _____ to obtain information about my account with my Service Provider (including the status of my account balance) for the purpose of determining my eligibility for LEAP Emergency Financial Assistance. I also grant my consent to my Service Provider to use and disclose my personal information for these purposes.

Signature of person giving consent

Date

By completing this form, you may be contacted by your Service Provider about participation in energy conservation programs. If you do not wish to be contacted about such programs, you can opt-out by initialing here: _____

Please return completed form to: _____ at _____ <i>Agency Name</i> <i>Fax #</i>
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