

# Utah Community Action

## Application for LIHEAP Crisis Service Call

\*Applicant's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail address: \_\_\_\_\_ (if you have one)

Dominion Account # \_\_\_\_\_ Service Agreement # \_\_\_\_\_

RMP Account # \_\_\_\_\_

Home Ownership:

Yes  (Client must provide proof of ownership – County Property Tax Notice, Deed, DMV Title, or Notarized Contract)  
See Section C3. 4

No   If unit is a rental Crisis Service Call work cannot be done. See Section C3. 5.

FURNACE

COOLING SYSTEM

WATER HEATER

OTHER

Make: \_\_\_\_\_ Model#: \_\_\_\_\_ Serial#: \_\_\_\_\_

*(Cooling system repairs also must meet the age/disability test and equipment must include a mechanical problem that makes replacement necessary.)*

**Describe Problem:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby give permission to the administering local agency, State of Utah, HEAT, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine crisis needs, complete the crisis work, and after, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I acknowledge that I have received a copy of the Privacy Act.

**For Office Use Only**

\_\_\_\_\_  
Intake Approval Signature

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Editor Approval Signature

\_\_\_\_\_  
Approval Date

The client listed above is eligible to receive Energy Crisis or Weatherization crisis funding from the LIHEAP Program.  
Attach copy of HEAT Certificate

# Authorization to Release Customer Utility Information

Please include a copy of your current utility bills

Application Name: \_\_\_\_\_

**This form authorizes** the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants' energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed.

Physical Address: \_\_\_\_\_ Mailing Address (If different): \_\_\_\_\_

Unit or Apt #: \_\_\_\_\_ Unit or Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Information Specified

This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history\* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (\*billing history does not include the payment history or notices of discontinuation of service).

### Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

### Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. I hereby release, hold harmless and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

#### Natural Gas Release

Natural Gas Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Service Agreement No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

#### Account Holder

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Electricity Release

Electricity Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account No.: \_\_\_\_\_

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

#### Account Holder

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>DWS-HCD-W11 Rev. 03/03/2014</p>	<p><b>The Utah Weatherization Assistance Program is administered by: Utah Department of Workforce Services Housing and Community Development Division</b></p>	<p>Equal Opportunity Employer Program 850 W 1700 S, Ste. 1 SLC UT 84104 Relay Utah 711 • Spanish Relay Utah 1-888-346-3162 UCA • Equal Opportunity Employer/Programs</p>
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# Authorization to Release Customer Information to a Third Party Agent



This is a legal binding contract. This form must be signed by the account holder or authorized agent for the account holder (such as CFO or City Manager).

Account:

Service Address:

I, \_\_\_\_\_ of the above referenced account located at \_\_\_\_\_  
CUSTOMER NAME OR AUTHORIZED AGENT ADDRESS

do hereby authorize Questar Gas Company ("Dominion Energy") to release the designated information below

To \_\_\_\_\_  
THIRD PARTY NAME/COMPANY

To \_\_\_\_\_  
THIRD PARTY NAME/COMPANY

This authorization provides the right to the designated Third Party Agent to request information regarding the items initialed below:

- \_\_\_\_\_ Billing History (not including payment history or discontinuation of service) and all meter usage data used in the billing calculations of the specified account
- \_\_\_\_\_ All meter usage data relating to the specified account
- \_\_\_\_\_ A copy of the bills on the specified account mailed to the third party
- \_\_\_\_\_ Deliver copies of any notices regarding termination of my natural gas service

This authorization will remain in full force and effect until date of \_\_\_\_\_. *If unspecified, this authorization will be limited to a one-time request.*

I, \_\_\_\_\_ declare that:

- I am authorized to execute this document on behalf of the account record
- I have the authority to financially bind the Customer Record
- I am granting the Third Party Agent(s) listed above the right to request the release of specified account information

I understand that Dominion Energy reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.

I hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, and causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization; the unauthorized use of this information by the Third Party Agent; and any actions taken by the Third Party Agent pursuant to this authorization.

Customer Signature: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

I, Third Party Agent, hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: \_\_\_\_\_

Third Party Agent Company: \_\_\_\_\_

Third Party Agent Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.