



Commonwealth of the Northern Mariana Islands
Department of Community and Cultural Affairs
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
Caller Box 10007, Saipan, MP 96950



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, residing at _____, hereby authorize
(Name) (Village of Residence)

The Low Income Home Energy Assistance Program Coordinator or her designees to verify my income, checking or savings accounts, Housing Assistance with Northern Marianas Housing Corporation, Nutrition Assistance Program (NAP), Medicaid, Shelter expenses, Social Security benefits, Retirement Pension, Veterans benefits, and any and all tax information on file with the CNMI Division of Revenue and Taxation and CNMI Social Security Administration and any other facts relevant to my Household's eligibility for participation in the Low Income Home Energy Assistance Program.

I also authorize any person, partnership, corporation, association, or government agency possession of information on such matters to release such information to LIHEAP authorize personnel.

I CERTIFY that I have received and read the Declaration concerning my rights under the Privacy Act of 1974.

Print & Signature

Date