



LIHEAP UTILITY ACCOUNT HOLDER AUTHORIZATION

This authorization is used when an individual applies for LIHEAP or Energy Crisis Programs and has a utility account in someone's name that is not the Head of Household.

Application Info

Head of Household: _____

Residence Address: _____

Account / Account Holder Info

Vendor:

Alliant MidAmerican Energy Other Vendor Name _____

Account Number: _____

Account Holder's Name: _____

Service provided through this account:

Natural Gas Electric Heat Electric Non-Heat Propane/Fuel Oil

Account Holder Contact Info (phone # or email): _____

Authorization Statement

I give permission to the agency processing the listed LIHEAP application to acquire additional information and to share information within HACAP and with other organizations for the purpose of providing services to assist the applicant's household. This sharing of information is to be conducted with maximum respect of the confidentiality of the information contained within the application.

I understand that the listed Head of Household is applying for the Low-Income Home Energy Assistance Program (LIHEAP), and/or Weatherization Assistance Program (WAP). I further certify the following: I understand this information will be used, upon request, in determining eligibility for other agency programs or services. Any willful misrepresentation of the information on this form is subject to penalty of law. I assure that any LIHEAP energy payments received will be used solely for home energy costs depending on the designated account. I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, and the agency processing this application to obtain additional information from my energy supplier about the listed account's energy usage and payment history. I give permission to the State of Iowa to release information to my energy supplier and to provide details about my account and energy use to the LIHEAP and WAP.

By signing, I authorize HACAP to obtain additional information from the listed energy vendor about my account for the purpose of assisting the listed LIHEAP applicant with energy assistance services. This authorization is valid from date signed until 9/30/2026.

Account Holder Signature: _____ Date: _____

HACAP STAFF USE:	Received Date: _____
Verified by: _____	Scanned into LEWIS: _____