

**WEATHERIZATION ASSISTANCE PROGRAM FOR LOW INCOME PERSONS  
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM**

**CUSTOMER BILLING/CONSUMPTION RELEASE FORM**

Agency: **HCCAA, Inc.**

Name: \_\_\_\_\_  
Last First Middle initial

\_\_\_\_\_  
\*\*Name on account if different from name above.

Address: \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_  
City Zip Code

Telephone: \_\_\_\_\_  
Day Evening

\*\*\*\*\*

Electric Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_ Meter Number \_\_\_\_\_

ESI ID Number: \_\_\_\_\_

Gas Utility Co: \_\_\_\_\_

Account Number: \_\_\_\_\_

Propane: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

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

**FOR AGENCY USE ONLY**

Subgrantee must record Weatherization Completion date in box before mailing to TDHCA.

Weatherization Completion Date:
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