

Douglas-Cherokee Economic Authority, Inc.
Low Income Home Energy Assistance Program (LIHEAP)
PO Box 1218
Morristown, TN 37816

Home Heating Payment Information Release Form

Dear _____,
(account name)

The Low Income Home Energy Assistance Program has received an application for
_____, account number _____.
(client name)

Since the account is in your name, we must ask you to verify that this client
(check the appropriate statement):

- A. Is **COMPLETELY RESPONSIBLE** for payment of utility costs _____
- B. Is **PARTIALLY RESPONSIBLE** for payment of utility costs* _____
- C. Is **NOT RESPONSIBLE** for any payment of utility costs _____

Signature of Billing Name or Landlord**

Date

Billing Name or Landlord Street Address

Phone Number

Billing Name or Landlord City, State, Zip Code

*If client is partially responsible, please explain:

**If client is renting, please provide move-in date: _____