

**Combined Community Action, Inc. Weatherization Assistance Program
Customer Billing and Consumption Release Form**

Please PRINT clearly and complete all applicable areas and return to CCA

Electric/Utility Company:

Electric/Utility Company Phone number:

Customer Account Name:

Customer Account Number:

Customer Physical Address:

Gas/Propane Company:

Gas/Propane Company Phone number:

Customer Account Name:

Customer Account Number:

Customer Physical Address:

Other Company:

OtherCompany Phone number:

Customer Account Name:

Customer Account Number:

Customer Physical Address:

I, _____, authorize the Texas Department of Housing and Community Affairs and its contracted agency, Combined Community Action, Inc, 165 West Austin Giddings, Texas 78942, 1-800-688-9065 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.

Applicant/Co-Applicant signature:

Date:

Office use only

Staff Signature:

Date: _____

Requested from utility company

Client Provided history