

TO: Name of Person(s), Agency(ies): _____

Address: _____

Phone: _____

To assist the Spirit Lake Tribe in determining my eligibility for Low Income Home Energy Assistance, I hereby authorize the following person(s), agency(ies), or institutions specified above to furnish information requested by a duly authorized representative of the Spirit Lake Tribe.

INFORMATION TO BE OBTAINED:

I have been given an explanation of what information is desired, why it is needed, and how it will be used.

Signature of Applicant

Signature of Person 18 years or older

Date