

Utility Discount Application - Authorization for the Release of Information for Verification of Program Participant Status

I authorize the City of Iowa City to release to Johnson County Health & Human Services (HHS) and/or Social Security Administration and I authorize Johnson County Health & Human Services and Social Security Administration to release to the City of Iowa City, confidential information pertaining to my eligibility for the specific programs I have indicated below.

I also do hereby forever release and discharge the City of Iowa City, Johnson County HHS, and the Social Security Administration from any liability for divulging such information whether such information is deemed confidential or not. A photocopy of this form shall be considered as acceptable as the original.

Applicants, please follow the three steps listed below, then remit to the Social Security Office or HHS Johnson County.

Custom	ier (Appli	cant) Info	rmatic	on				
Step 1: Na	me on Utili	ty Account: _						
Ad	ldress:							
So	cial Security	/ number:				Phone number:		
		(us	ed to ve	rify status of progran	ns marked below	·)		
Step 2: Pl	ace an X in	the box that i	ndicate	s the program ben	efits that are cu	urrently received by app	licant.	
	SNAP Ben	efits	□ S	SI, SSDI				
	Title XX		□ E	lderly Tax Credit				
	FIP		□ R	ent Reimbursemer	nt			
	nts of the h		ist be e	ligible for one or m	ore of the pro	gram benefits to be elig	ible for the City of Iowa	
Ar	e all resider	nts of the hou	sehold	currently receiving	one or more o	f these benefits? Yes	s □ No	
Applicant Signature:					Date:	Date:		
-	fter comple agencies:	ting "Custom	er (App	licant) Information	" section, plea s	se mail or deliver this fo	orm to one of the	
HHS Johnson County Or 855 S. Dubuque St., Suite 102 Iowa City, IA 52240					1100 6 th	Social Security Administration 1100 6 th Street, Suite 100 Coralville, IA 52241		
To help us applicant	s determine 's eligibility	qualification	for the		Itility Discount	Only. Program, please verify t tions below. Thank you.		
Social S	ecurity Adn	ninistration A	uthorize	ed Signer	Date			
To help us applicant	s determine 's eligibility P Benefits	e qualification for the progra	for the ams ma		Itility Discount turn per instruc ement D No	Program, please verify t ctions below. Thank you Benefits	I I	
HHS Johnson County Authorized Signer					Date	Date		

Attention HHS Johnson County or Social Security Administration: Upon verification, please return completed form to: City of Iowa City Revenue Division, 410 East Washington St., Iowa City, IA 52240. Questions? Call 319-356-5066.