



Community Action Partnership Hillsborough and  
Rockingham Counties  
FUEL ASSISTANCE /ELECTRIC ASSISTANCE PROGRAM

**Release of Information**

\_\_\_\_\_  
Applicant – Please Print Name

I, \_\_\_\_\_ (Applicant), give permission to the following named individual to act as my Authorized Proxy and take the following actions on my behalf (please check all that apply):

- Sign my Fuel/Electric Assistance application on my behalf
- Provide any documentation requested related to my application
- Talk to CAPHR regarding my application and any questions or concerns that may arise

Name of Authorized Proxy: \_\_\_\_\_

Proxy's Telephone Number: \_\_\_\_\_

Proxy's Email Address: \_\_\_\_\_

Proxy's Physical Address: \_\_\_\_\_

Proxy's Mailing Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I understand that I have the right to withdraw this proxy authorization at any time. I understand I must provide written notification to CAPHR in the event that I choose to withdraw this authorization.

\_\_\_\_\_  
Signature of Applicant (valid for 1 year of signature date)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_