

**Income Qualified Weatherization Program**  
**Utility Authorization Release Form**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Square footage of home: \_\_\_\_\_

Duke Energy Carolinas Account Number \_\_\_\_\_

I hereby authorize Duke Energy to release information on my current and past energy usage to North Carolina Community Action Association and/or their representatives. This information will be kept confidential and will only be used to verify energy usage and potential for energy savings.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date