



## Letter of Authorization

Name of Authorizing Individual: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I/We authorize **Community Action Partnership of Central Illinois (CAPCIL)** to share information and documents they have related to our household's LIHEAP eligibility with **Nexamp** for the sole purpose of determining our eligibility to participate in the Illinois Solar For All (ILSFA) program. Shared information may include but not limited to LIHEAP eligibility, income and utility account information.

I/We authorize **Nexamp** to contact our household to gather any additional documents and signatures needed to complete the subscription contract for the Illinois Solar For All (ILSFA) Program Administrator. Unless otherwise required by state regulation, this authorization shall remain in effect for one (1) year from the Effective Date.

Sincerely,

\_\_\_\_\_  
Signature of Authorizing Individual

\_\_\_\_\_  
Name of Authorizing Individual (Print)

Effective Date: \_\_\_\_\_

Contact phone #: \_\_\_\_\_ Email: \_\_\_\_\_