



Utility Assistance / Bridge Internet ELIGIBILITY VERIFICATION RELEASE FORM

I along with my co-applicant(s), if any, have applied to participate in the following programs administered by the City of Hillsboro:

Bridge Internet from HiLight (if applicable)

Emergency Assistance on my Utility Bill, which may include the following utilities:
Drinking Water, Sanitary Sewer, Transportation Utility Fee, Surface Water Management,
Community Services Fee

I/We understand that Community Action has entered into an agreement with the City of Hillsboro to verify my/our eligibility to participate in the above program(s). I/We further understand that Community Action may have information that about me/us, which is deemed confidential by law or that may be considered by me/us to be of a private nature (hereinafter referred to as "Confidential Information"). Such Confidential Information may include, but need not be limited to my/our income levels and/or my/our participation in various assistance programs. I/We also understand that my participation in the above City of Hillsboro program(s) is contingent upon either my/our income level(s) and/or my/our participation in other assistance programs.

I/We desire to have Community Action share Confidential Information with the City of Hillsboro for the purpose of verifying my/our eligibility to participate in the above City of Hillsboro program(s). To that end, I/we hereby authorize Community Action to disclose, share, release, communicate, and provide to and with the City of Hillsboro Confidential Information necessary to verify my/our eligibility to participate in the City program(s).

I/We understand that Community Action's verification will occur in the form of an electronic mail (email) from Community Action to the City of Hillsboro. The email will not contain specific financial information about me/us, but rather will simply inform the City of my/our eligibility to participate in the program(s) for which I/we have applied. I/We recognize that there is an inherent risk that email communications may be intercepted, forwarded, lost or even sent to an incorrect recipient, and I/we further consent to the use of email communications for the purposes of verifying my/our eligibility even if the use of email results in the unintended disclosure of the Confidential Information.

Finally, I/we understand that Community Action and the City of Hillsboro are communicating about the Confidential Information at my/our request, and as such I/we waive any claim or liability I/we may have against Community Action and the City of Hillsboro related to the release of the Confidential Information. I/we further agree to indemnify and hold Community Action and the City of Hillsboro

harmless in the event inadvertent or unintended disclosure of the Confidential Information to another person or entity.

I/we understand that this authorization is not required for my continued participation in any program(s) with Community Action and is solely necessary to establish eligibility to participate in the City of Hillsboro program(s) above. To that end, I may refuse to sign this authorization without incurring any negative consequences associated with my/our participation in programs with Community Action.

This authorization will not be valid unless I/we agree to the authorization, and it will remain in effect until I/we revoke it in writing and deliver my revocation to Community Action.