

Town of Huntington Community Development Agency

AUTHORIZATION FOR RELEASE OF INFORMATION

EXPLANATION:

Your signature on this information release waiver is necessary for the processing of your certification. You should be aware that a credit report will be ordered initially and may be repeated if necessary. This release authorizes verification of information regarding you and your household from sources such as, but not limited to: landlord, Social Security Administration, employer, income, etc.

I, _____ authorize you to release to Huntington Community Development Agency (HCDA) all information specifically requested by HCDA to verify my family's composition, income, credit and references as may be necessary. It is understood that all information released will be kept confidential. However, you should be aware that the information reported may be reviewed by someone other than a Huntington Community Development employee (i.e. attorney, auditor, etc.).

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original authorization form is on file with the management office and will stay in effect for seventy two (72) months from the date signed. All adult members of my family (eighteen and older, including full-time students) will also be required to sign an information release waver.

Signature

Date

Address _____