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|----------------------------|-----------------------------|--------------|------------|
| <b>Loan #</b>              | <b>Last 4 Digits of SS#</b> |              |            |
| <b>Client's Last Name:</b> |                             |              |            |
| <b>Client's Address</b>    | <b>City</b>                 | <b>State</b> | <b>Zip</b> |

**RELEASE OF INFORMATION**

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize \_\_\_\_\_ and employees to release or otherwise provide Raleigh Area Development Authority and their representative any information, public and non-public financial information necessary regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services.

**The information may consist of the following, but is not limited to:**

- My financial situation, to include the amount of my income, and any savings of money and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household.
- My loan balance, final payoff statement, loan status, payment history, payment activity and/or property information.

**I UNDERSTAND THAT:**

- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twenty-four months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement.
- If I revoke my authorization, all information about me already in the database will remain.

Client Print \_\_\_\_\_ Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Print \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Print \_\_\_\_\_ Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_