

ADDITIONAL AUTHORIZATION FOR RELEASE OF INFORMATION

Consent

I authorize and understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. I also understand I am required to provide my own credit report. Verifications and inquiries that may be requested include but not limited to:

- Identity and Marital status
- Criminal activity
- Residential activity
- Court and Post office
- Law enforcement agencies
- Utilities companies
- Credit provider
- Credit bureaus

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the company and will stay in effect for a period of (1) year from the date signed below. I understand I have a right to review my file and correct any information that I can prove incorrect.

SIGNATURES

_____	_____	_____
HEAD OF HOUSEHOLD	PRINT NAME	DATE
_____	_____	_____
Souse or Other Adult Member	PRINT NAME	DATE
_____	_____	_____
OTHER ADULT MEMBER	PRINT NAME	DATE

The information provided by you, will be used in a confidential manner. Please complete this form and return it from the company you received it from. Your prompt return of this information (with in 10 days) will be greatly appreciated.

Thank you,

WE ARE A EQUAL HOUSING OPPORTUNITY