

CONSENT and AUTHORIZATION TO
RECEIVE, EXCHANGE and RELEASE INFORMATION

I, _____ consent to the disclosure of the following to representatives of Millcreek Valley Habitat for Humanity, the attorney or agents of same to acquire, receive, exchange and release information and copies of records, reports and other materials necessary for the investigation and administration of the housing assistance which I requested.

This authorization has been read by me and is given knowingly in order to speed up the processing of my request for housing assistance. I understand that such inquiries being made shall include, but not limited to, the following: past and present employers, financial institutions, schools, past and present landlords, insurance companies, legal representatives law enforcement agencies, utility companies, state employment offices, social security offices, federal, state, or local welfare and food stamp offices and township trustees of Hamilton County, Ohio.

I understand that any such acquired information may be shared with other public agencies providing similar relief services: however, any information declared by law to be confidential or privileged will be kept confidential by Habitat for Humanity Family Selection Committee and Board of Directors.

Applicant Signature

Date

Social Security Number

Date of birth

Co-Applicant Signature

Date

Social Security Number

Date of birth

The undersigned representative of Millcreek Valley Habitat for Humanity for Hamilton County acknowledges that he/she in the course of their investigation, have access to certain personal information and that such information is to be treated as confidential and is to be released and exchanged with no other than designated above, during the investigation of this application.

Signature of Habitat Representative

Date