

CORNWALL HOUSING CORPORATION, AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to P.O. BOX 174, CORNWALL, CT 06753 release to and verify my application for participation, and/or maintain my continued participation in the Cornwall Housing Corporation's Parcel Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Cornwall Housing Corporation in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to the following:

- Identity and Marital Status
- Employment, Income and Assets
- Medical or Child Care Allowances
- Residences and Rental Activity
- Credit and Criminal Activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to the following:

- Previous Landlords
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Medical and Child Care Providers
- Retirement Systems
- Utility Companies
- Credit Providers and Credit Bureaus
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Support and Alimony Providers
- Veterans Administration
- Banks & Other Financial Institutions
- Social & Human Services Providers

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the CHC office, and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

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Applicant (Print Name) Date

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Co-Applicant (Print Name) Date