

**CORNWALL HOUSING CORPORATION**  
**P.O. BOX 174, CORNWALL, CT 06753**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to and verify my application for participation, and/or maintain my continued participation in the Cornwall Housing Corporation's Affordable Home Ownership 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	Past and Present Employers
Courts and Post Offices	Welfare Agencies
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Medical and Child Care Providers	Support and Alimony Providers
Retirement Systems	Veterans Administration
Utility Companies	Banks & Other Financial Institutions
Credit Providers and Credit Bureaus	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**

_____	_____	_____
Applicant	(Print Name)	Date
_____	_____	_____
Co-Applicant	(Print Name)	Date

