



Loan #	Last 4 Digits of SS#		
Client's Last Name:			
Client's Address	City	State	Zip

RELEASE OF INFORMATION

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize your company and employees to release or otherwise provide Raleigh Area Development Authority and its representatives 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's Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Counselor's Signature _____ Date _____