



## Release of Information Authorization

Date: \_\_\_\_\_

I/We authorize the Region V Community Development Corporation (RVCDC) to obtain information about me and/or my household that is pertinent to eligibility for participation in the RVCDC's housing programs.

This may include rental history, financial and credit reports, private or public benefit information, criminal activity reports, employment information/verification, medical and childcare expenses, family composition, or handicapped assistance expenses.

I/We agree this Authorization may be photocopied and used in the future for recertification and or forwarding address information for the RVCDC's housing programs.

I/We hereby indemnify and hold harmless the RVCDC, its employees, agents, and assigns, and all other individuals or entities contacted by the RVCDC from all causes of action, expenses, losses or damages of any kind arising from or related to information obtained from this Authorization.

If I/We do not sign this Authorization, I/we also understand that my/our application may be denied or terminated.

\_\_\_\_\_  
Signature - Head of Household

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature - Spouse or Co-Head of Household

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature - Other Adult Member of Household

\_\_\_\_\_  
Social Security Number