

RELEASE OF INFORMATION

I/We _____
Please print name(s)

authorize the release of any requested information for verification that pertains to my/our "Homeownership Program" application.

The MDI & Ellsworth Housing Authorities may contact any person, place or institution to verify my/our income, place of employment, residency, or any other information requested pertaining to my/our application as needed. I/we authorize any financial institution to share information with the housing authority and its sub-committees pertaining to the application process.

Applicant's signature

Date

Applicant's signature

Date