



AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any federal, state or local agency, organization, business or individual to release information to representatives of Intend Indiana, which may be necessary for me to qualify to receive federal assistance. I understand and agree that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD, IHEDA, CDFI Fund, CDBG and HOME Program or other governmental housing program guidelines. I also consent for the manager to release information from my file to the Indianapolis Housing Partnership (INHP) for pre-screening purposes.

INFORMATION COVERED: I understand that previous or current information regarding myself or my household may be needed. Verification and inquiries that may be requested include but are not limited to:
Identity and marital status Employment income, assets, pension or benefits
Property ownership status Credit activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups of individuals that may be asked to release the above information (depending on the program requirements) include but are not limited to:

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|--|---------------------------------|
| Additional lien holders | Past and present employers |
| Welfare or supportive service agencies | Courts and post offices |
| Social Security Administration | Schools and Colleges |
| State Employment Bureaus and Services | Child Support/alimony providers |
| Banks and other financial institutions | Retirement systems |
| Children Services | Utility companies |

CONDITIONS: I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file in the Intend Indiana office and will stay in effect for one year and six months from the date signed.

TO BE SIGNED AND COMPLETED BY ALL HOUSEHOLD MEMBERS 18 AND OVER:

NAME

SSN

DATE

SIGNATURE

