

HOUSING AUTHORITY OF THE SAC AND FOX NATION
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Authorization for Release of Information

I, _____ [print name] (“Applicant”) am applying for certain housing assistance services from Housing Authority of the Sac and Fox Nation. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to the Housing Authority of the Sac and Fox Nation listed below.

Name and address of person or entity possessing information regarding Applicant:

Name and address and contact person to whom information is to be released:

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the TDHE/Tribal Housing Program named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Applicant

Date