

Family  
Loan  
Program

**AUTHORIZATION OF RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State or local agency, organization, business or individual to release to Three Rivers Community Action, Inc. any information or materials needed to complete and verify my application for participation in the Family Loan Program. I understand this information will only be used to administer and enforce program rules, policies, and procedures. Verifications and inquiries that may be requested, include, but are not limited to:

Identity and Marital Status	Employment
Medical or Child Care Allowance	Income
Credit Activity	Mortgage and Rental Activity

I understand this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Family Loan Program.

The groups or individuals that may be asked to release the above information, include but are not limited to:

Community Action Agencies	Workforce Development, Inc.
Schools and Colleges	Banks and Other Financial
Institutions	
Past and Present Employers	Welfare Agencies
State Unemployment Agencies	Utility Companies
Social Security Administration	Credit Providers and Credit Bureaus
Medical and Child Care Providers	Support and Alimony Providers

**CONDITIONS**

I agree a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Family Loan Program. I understand I have the right to review my file and correct any information that I can prove is incorrect.

-----  
Applicant's Signature

Date

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Co-Applicant's Signature

Date

*SOUTHEAST AND  
SOUTH CENTRAL  
REGION*

*A COLLABORATIVE  
EFFORT BY:*

*MINNESOTA VALLEY  
ACTION COUNCIL*

*OLMSTED  
COMMUNITY ACTION  
PROGRAM*

*SEMCAC*

*THREE RIVERS  
COMMUNITY ACTION,  
INC.*

*1414 North Star Drive  
Zumbrota, MN 55992*

*Phone: 507-732-7391  
Toll Free: 800-877-6884  
Fax: 507-732-8547*

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