

**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 Minnesota Housing Finance Agency Home Improvement 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 Home Improvement Loan Program.

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

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|---|--|
| 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          |
| Southeastern Minnesota Multi County Housing Redevelopment Authority |  |

**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 Home Improvement Loan Program. I understand I have a right to review my file and correct any information that I can prove is incorrect.

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Applicant's Signature Date

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Co-Applicant's Signature Date