



Authorization to Release Information



HOUSTON-GALVESTON AREA COUNCIL

CDBG Administrator: Houston-Galveston Area Council
Applicant Name:
Applicant Address:
<p>Instructions to Applicant: Your signature on this <i>Authorization to Release Information</i>, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named CDBG Administrator to obtain information from a third party regarding your eligibility and continued participation in the:</p> <p>Community Development Block Grant (CDBG) Disaster Recovery Program for Hurricane Ike</p> <p><u>Privacy Act Notice Statement:</u> Houston-Galveston Area Council (H-GAC), State and Federal guidelines requires the collection of the information listed in this form to determine an applicant’s eligibility for the Ike Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant’s eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. H-GAC, State and Federal CDBG administrators are authorized to ask for this information under the National Affordable Housing Act of 1990.</p> <p>Each adult member of the household must sign this Authorization to Release prior to the receipt of benefits to establish continued eligibility.</p> <p>NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, “Request for a Copy of Tax Form” must be prepared and signed separately.</p>

Information Covered: Inquiries may be made about items <u>initialed below</u> by the applicant.		
Description	Verification Required	Initials of Applicants
Income (all sources)	X	
Assets (all sources)	X	
Disability Status (if applicable)	X	
Financial Institutions: (Bank, Mortgage, Broker...)	X	
Other (list):	X	
Other (list):	X	
<input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member	X	

Applicant's Authorization:

I authorize the above-named CDBG Administrator to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Ike Program. I acknowledge that:

(1) **A photocopy of this form is as valid as the original; AND**
(2) **I have the right to review information received using this form; AND**
(3) **I have the right to a copy of information provided to the CDBG Administrator and to request correction of any information I believe to be inaccurate; AND**
(4) **All adult household members will sign this form and cooperate with the CDBG Administrator in the eligibility verification process.**

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signatures:

_____	_____	_____
Signature - Head of Household	Printed Name	Date
_____	_____	_____
Signature - Other Adult Household Member	Printed Name	Date
_____	_____	_____
Signature - Other Adult Household Member	Printed Name	Date
_____	_____	_____
Signature - Other Adult Household Member	Printed Name	Date