HOME OPPORUNITY PROGRAM

Sponsored by:

AUTHORIZATION
for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to _____ any information needed to complete and verify my application for assistance under the HOME Opportunity Program (HOP). I understand and agree that this authorization or the information obtained with its use may be given to and used by _____ and the Alaska Housing Finance Corporation (AHFC) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that previous and current information regarding me and my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Employment and Income
Public Assistance Payments
Assets (including real estate)
Credit History

WHO MAY BE ASKED

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

Banks and other Financial Institutions
Medical and Child Care Providers
Past and Present Employers
Retirement Systems
Social Security Administration
State Unemployment Agencies
Support and Alimony Providers
Veterans Administration
Welfare Agencies
Credit Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that AHFC or _____ may conduct a computer matching program to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. AHFC or the _____ may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, State Welfare Agencies, and the Social Security Administration.

CONDITIONS

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

SIGNATURES

X _____

Applicant Signature Date

_____

Applicant Printed Name SSN#

X _____

Co-Applicant Signature Date

_____

Co-Applicant Printed Name SSN#