

# Grace And Truth



COMMUNITY DEVELOPMENT CORPORATION

Building Dreams,  
Changing Communities

CDC/CHDO

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, (Print Name) \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release, without liability, information regarding my employment, income, and/or assets to **Grace And Truth CDC**, for the purposes of verifying information provided as part of determining eligibility for assistance under the **Grace and Truth CDC's Housing Assistance** program. I understand that only information necessary for determining eligibility can be requested.

### Types of information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

### Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

Past/Present Employers	Alimony/Child/Other Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	Credit Report
Criminal Background	Residential History

### Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

\_\_\_\_\_  
Signature of Applicant/Co-Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.*