Muckleshoot Loan Program

RELEASE OF INFORMATION AUTHORIZATION

CONSENT
I authorize and direct my Federal, State or local agency organization, business, or individual to release to the Muckleshoot Loan Program any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Indian Housing Program(s), and/or other housing assistance programs. I understand and agree that this Authorization or the information obtained with its use may be given to and used by The Muckleshoot Loan Program in administering and enforcing program rules and policies.

INFORMATION COVERED
I understand that, depending on program policies and requirements, pervious or current information regarding my household or myself may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status	**Medical or Child Care Allowances**
Employment, Income and Assets	**Credit**
Current Residence/Rental History	**Criminal Background Check**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED
The groups of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous/Current Landlords	**Past/Present Employers**	**Veterans Administration**
Welfare Agencies	**Retirement Systems**	**Utility Companies**
Courts and Post Offices	**State Unemployment Agencies**	**Credit providers**
Credit Bureaus	**Bank and other Financial Institutions**	**Health Institutions**
Schools and Colleges	**Social Security Administration**	**Tribe/State ICW Agencies**
Law Enforcement Agencies	**Medical and Child Care Providers**	**Support and Alimony Providers**
Tribe Tax Fund (Per Capita Info)	**Enrollment Department**	**Current Mortgage Company**

COMPUTER MATCHING NOTICE AND CONSENT
I understand and agree that the Muckleshoot Loan Program may conduct computer-matching programs to verify the information supplied for my application. 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 that information.

CONDITIONS
By signing below, I understand the intent of this form and agree that a photocopy of this authorization may be used for the purpose stated above.

SIGNATURES

Borrower Signature Print Name	SS# Date
Address	Date of Birth
Co-Borrower Signature Print Name	SS# Date
Address	Date of Birth