



**APPLICANT'S CONSENT TO RELEASE OF INFORMATION**

I, \_\_\_\_\_ understand and acknowledge that \_\_\_\_\_ (the "Agency"), in exchange for receiving funds from the Missouri Housing Development Commission ("MHDC") is required to share certain information about me with MHDC in order to ensure the Agency's compliance with all rules and requirements associated with the funds from the State Assistance for Housing Relief ("SAFHR").

By my signature below, I hereby authorize the Agency to share all of my personal information with MHDC for the limited purposes of proving that I qualify to receive assistance administered by SAFHR and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from SAFHR. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of SAFHR funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for SAFHR funds and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the funds from SAFHR. I understand that the funding received by Agency and administered by MHDC may actually be from other state and federal agencies, such as the United States Treasury, and I hereby authorize MHDC to share my information with such funding sources for the limited purposes of proving that I qualify to receive such assistance and ensuring that all program rules and requirements are complied with by Agency and MHDC. I further authorize such other funding sources to contact me directly to discuss any matters related to my receipt of the funds administered by MHDC and agree to provide any additional information that such funding sources may deem necessary in order to fully determine my eligibility and/or to determine whether all program rules are complied with by Agency and MHDC.

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_