

## CLIENT'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 Shelter Operations Support  
(SOS) program.

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 SOS and ensuring that the  
Agency is in compliance with the rules and requirements associated with the funds from SOS. I further  
authorize MHDC to contact me directly to discuss any matters related to my receipt of SOS services and agree  
to provide any additional information that MHDC may deem necessary in order to fully determine my  
eligibility for SOS and/or to determine whether the Agency is in compliance with all rules and requirements  
of associated with the funds from SOS. I understand that the funding received by the Agency and  
administered by MHDC may actually be from other state and federal agencies, 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 the  
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 the Agency and MHDC.

Client's Signature: \_\_\_\_\_

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

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