

**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 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 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.

Client's Signature: _____

Printed Name: _____

Date: _____