



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 Housing Stability and Eviction Diversion 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 HSED and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from HSED. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of HSED services/assistance and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for HSED and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the funds from HSED. 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.

Client’s Signature: _____

Printed Name: _____

Date: _____