



205 E. Wayne Street, LaGrange, IN 46761

Phone: 260-463-8519

www.lagrangehabitat.org

Consent and Authorization to Receive, Exchange, and Release Information

I, \_\_\_\_\_, and I, \_\_\_\_\_, consent to the disclosure of the following information to representatives of LaGrange County Habitat for Humanity, the attorney or agents of same, to acquire, receive, exchange, and release information and copies of records, reports, and other materials necessary for the investigation and administration of the housing assistance which I/we have requested.

This authorization has been explained to me/us and is given knowingly in order to speed up the processing of my/our request for housing assistance. I/We understand that such inquiries to be made shall include, but not be limited to the following: credit reporting agencies, past and present employers, relatives, neighbors, financial institutions, schools, landlords, insurance companies, hospitals, physicians, legal representatives, law enforcement agencies, utility companies, State Employment Offices, Social Security Offices, Federal, State, or Local Welfare and Food Stamp Offices, and Township Trustees of LaGrange County, Indiana. I also agree to financial counseling and a copy of my review by CCCS to LaGrange County Habitat for Humanity.

I/We understand that any such acquired information may be shared with other public agencies providing similar relief services; however, any information declared by law to be confidential or privileged will be kept confidential by the LaGrange County Habitat Family Selection Committee and Board of Directors.

Form with fields for Applicant Signature, Date of Birth, Social Security Number, Today's Date, and Co-Applicant Signature, Date of Birth, Social Security Number, Today's Date.

Address of Applicant and Co-Applicant: \_\_\_\_\_

Acknowledgment and Pledge of Confidentiality by LaGrange County Habitat for Humanity

The undersigned representative of LaGrange County Habitat for Humanity acknowledges that he/she may, in the course of their investigation, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged with no other agencies, other than designated above, during the investigation of this application.

Date: \_\_\_\_\_ Signature of LCHFH Representative (LaGrange County Habitat for Humanity, Release of Information, 5/15/08)

