

RELEASE OF INFORMATION AGREEMENT

DO NOT ALTER THIS DOCUMENT: Failing to sign this form in its original condition could jeopardize your eligibility for the housing program.

Full Name: _____ Maiden: _____
Date of Birth: _____ Phone #: _____
Mailing Address: _____
Social Security #: _____
Driver's License #: _____ State issued with: _____

I hereby authorize confidential information to be released between the agencies listed in this agreement. The information provided will be held in strict confidence.

AGENCY AUTHORIZED TO REQUEST/RECEIVE INFORMATION

Seneca Nation Housing
50 Iroquois Drive
Irving, NY 14081

44 Seneca Street
Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING DEPARTMENT AND MORTGAGE PROGRAM:

- | | |
|---------------------------------|----------------------------------|
| • SNH | • Any Seneca Nation Program |
| • SNIEDC | • Current & Previous Employers |
| • Child Care Providers | • Utility Companies |
| • Retirement Systems | • Credit providers/ Bureaus |
| • Courts: Tribal and Non-Tribal | • Social Security Administration |
| • Law Enforcement Agencies | • Support & Alimony Providers |
| • Current & Previous Landlords | • Banks & Creditors |

Applicant Signature: _____

Date: _____