

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 #: _____

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 Department

- 50 Iroquois Drive, Irving, NY 14081
- 44 Seneca Street, Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION

HOUSING DEPARTMENT:

- SNHA
- Child Care Providers
- Courts: Tribal and Non-Tribal
- Law Enforcement Agencies
- Current & Previous Landlords
- Current & Previous Employers
- Utility Companies
- Social Security Administration
- Support & Alimony Providers

APPLICANT SIGNATURE: _____ DATE: _____

****Co-Applicant must also sign a 'Release of Information Agreement'***