



Pender County Housing Department

Post Office Box 1149
805 South Walker Street
Burgaw, North Carolina 28425

Telephone: (910) 259-1208
FAX: (910)259-1343

Consent to Release Information

Head of Household Name

Address

To Whom It May Concern:

My/our family participates in an affordable housing program in which verification of income, assets and expenses is required in order to determine eligibility for program participation and for participation to be continued annually. By my/our signature(s) below, I/we authorize all persons/companies/agencies, in the categories below to release, without liability, requested information including, but not limited to, the following:

- Income from: employment; public and private pensions; retirement accounts; Veterans Administration; Social Security; gifts; child support; alimony/maintenance; OAP; TANF; and other types of income or benefits.
- Asset information: average balances of checking and savings accounts; cash value of retirement accounts; cash value of stocks/bonds; cash value of collectibles; value and terms of trusts; or other items that may be considered assets.
- Out-of-pocket costs for expenses including medical, dental and child care.
- Other information relevant to the household's participation such as residency history; verification of addresses; verification of school enrollment; verification of non-cash benefits; etc.

I/we give our consent to release information regarding income, assets and expenses for all members of the household. I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We expressly release the provider and the procurer of information from any liability in the use, procurement or furnishing of information and understand that the information may be provided to various local, state and/or federal government agencies including, without limitation, law enforcement agencies. I/We understand that this release is good for 15 months from the date of signature.

Signature of Head of Household

Last 4 digits of SSN

Date

Signature of Adult HH Member

Last 4 digits of SSN

Date

Signature of Adult HH Member

Last 4 digits of SSN

Date

Signature of Adult HH Member

Last 4 digits of SSN

Date

