



Homeowner Assistance Fund

Assisting Homeowners Impacted by COVID-19

Release of Information

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

In signing this consent form, I am authorizing the Aleutian Housing Authority (AHA) to request and obtain income information for the purpose of verifying my eligibility for the Homeowner Assistance Fund Program administered by the Department of Treasury. I am also authorizing AHA to:

- Contact(list names of vendors): _____

to request information including, but not limited to, mortgage, insurance, fees, taxes, and payment information and I hereby authorize for the release of requested information by AHA. I also authorize AHA to release my information which is deemed necessary to complete my application.

- contact my utility/internet providers to request information including, but not limited to, billing and payment information and I hereby authorize my utility providers to release such information. I also authorize AHA to release my information to my utility providers which is deemed necessary to complete my application.

I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

I further authorize the Aleutian Housing Authority to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws.

Printed Name and Signature of Applicant / Head of Household

Date

Social Security Number of Head of Household

Printed Name and Signature - Other Household Member over age 18

Date

Printed Name and Signature - Other Household Member over age 18

Date

Printed Name and Signature - Other Household Member over age 18

Date

Printed Name and Signature - Other Household Member over age 18

Date