

LEE COUNTY HOUSING DEVELOPMENT CORPORATION

*"A private, non-profit organization dedicated to creating affordable housing."
Funded in part by the Lee County Board of County Commissioners*



**P.O. Box 2854, Fort Myers, FL 33902-2854
Phone: (239) 275-5105 * Fax: (239) 275-5920**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We, the undersigned, hereby authorize Lee County Housing Development Corporation (LCHDC) or its designated agents to obtain and receive all records and information necessary to determine and/or audit my/our eligibility for assistance through the affordable housing programs that it offers. This authorization hereby gives LCHDC the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to below. I//We agree to have no claims for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement of information released by them to LCHDC or its designated agents for the purposes or determining qualification for its affordable housing programs, including but not limited to the Neighborhood Stabilization Program (NSP).

Types of information to be verified:

I/We understand that previous or current information regarding the following may be required. I/We understand that I/we are authorizing LCHDC to pull a credit report. Additional verifications that may be requested are, but not limited to: rent payment history; personal identity; employment history; hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD's) Individual Retirement Accounts (IRA's), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; unemployment, disability and/or Worker's Compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Organizations/individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers	Alimony/Child/Other Support Providers
Past/Present Landlords	Social Security Administration
Banks, Financial/ Retirement Institutions	State Unemployment Agency
Veterans Administration	Welfare Agency

Agreement to Conditions:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/we have the right to review this file and correct any incorrect information.

Signature of Applicant

Print Name

Date

Co/Applicant/Household Member

Print Name

Date