

CHESAPEAKE REDEVELOPMENT AND HOUSING AUTHORITY
COMMUNITY DEVELOPMENT DEPARTMENT

AUTHORIZATION FOR THE RELEASE OF INFORMATION
PRIVACY ACT NOTICE

I authorize the Chesapeake Redevelopment and Housing Authority to request and obtain Information for the purpose of verifying my eligibility and level of financial assistance under HUD's CDBG and HOME funded programs. This will allow the authority to obtain consumer credit reports, Virginia Employment Commission records, school records, all income information, and asset information to verify eligibility or continued eligibility for the CDBG or HOME Program administered by the Chesapeake Redevelopment and Housing Authority.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify or you continue to qualify for the CDBG or HOME Program or any other subsidized program administered by the Chesapeake Redevelopment and Housing Authority. Information obtained through the use of this form will not be disclosed outside this agency except as required by the Federal Department of Housing and Urban Development (HUD) and/or permitted by law.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household during the income and asset documentation stage or when this information needs to be updated.

Persons who apply for or receive financial assistance under the following programs are required to sign this consent form:

- HOME-Downpayment Assistance Program
- CDBG - Emergency Home Repair Grant Program
- CDBG - Emergency Home Repair Deferred Loan Program
- HOME - Rehabilitation Deferred Loan Program
- HOME - Local Low-Interest Rate Rehabilitation Loan Program
- CDBG Façade Improvement Grant Program
- CDBG Façade Improvement Deferred Loan Program

Applicant/Participant Printed Name	Applicant/Participant Printed Name
Applicant/Participant Signature	Applicant/Participant Signature
Social Security Number	Social Security Number
Date Signed	Date Signed
Other Family Member over Age 18 Printed Name	Other Family Member over Age 18 Printed Name
Other Family Member over Age 18 Signature	Other Family Member over Age 18 Signature
Social Security Number	Social Security Number
Other Family Member over Age 18 Printed Name	Other Family Member over Age 18 Printed Name
Other Family Member over Age 18 Signature	Other Family Member over Age 18 Signature
Social Security Number	Social Security Number

This form expires 15 months after signed.