Authorization for Release of Information

1.	I authorize Cedar Valley Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to replay the no interest mortgage and other expenses of homeownership and my willingness to be a partner family.				
	Applicant	t Initials	Co-Applicant In	tials _	Others (18 & over) Initials
2.	verification, inclu	ding TANF, Food Stantal activity, student s	amps, Child Care A	llowance, SSI, in	
	Applicant	t Initials	Co-Applicant In	tials _	Others (18 & over) Initials
3.	I understand previous or current information about my household may be needed. Verifications and inquiries that may be requested include these items and the items left above, but are not limited to:				
	Applicant	t Initials	Co-Applicant In	tials	Others (18 & over) Initials
	You are hereby authored to disclose to Cedar Valley Habitat for Humanity any and all information requested. This information will be kept in a secure place and will not be shared with unauthorized parties. Please sign and date this form. Thank you!				
	Applicant:	Signature		Date	
	Co-Applicant:	Signature		Date	
	Others (18 & over):	Signature		Date	
		us reach more potential a Complete the follow state		w you learned about	•
	Learned about Habi Co-Worker Employer Person who o Family Friends	tat from: [wns Habitat home [[Faith based organiza Social Services Internet Television Radio	tion/church	Newspaper Other Non-Profit Organization Other: