



**TWIN CITIES HABITAT FOR HUMANITY
HOMEOWNERSHIP PROGRAM
RELEASE OF INFORMATION AND
DATA PRIVACY STATEMENT**

RELEASE OF INFORMATION

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to Twin Cities Habitat for Humanity (TCHFH) staff any information or material needed to complete and verify my application for benefits under one or more of the programs administered by TCHFH, including but not limited to; HOME Investment Partnerships (HOME) Program, Community Development Block Grant (CDBG), the Self-Help Homeownership Opportunity (SHOP) Program, Affordable Housing Incentive Fund (AHIF), the Federal Home Loan Bank (FHLB) Affordable Housing Program, and the Minnesota Housing Finance Agency's (MHFA) Impact Fund, hereinafter referred to as "the Programs."

I understand and agree that such information and material may be given to and used by TCHFH in administering and enforcing the Programs' rules and regulations. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation in the Programs.

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to:

Mortgage Companies	Past and Present Employers	Veterans Administration
Income Assistance Agencies	Retirement Services	Banks and Financial Institutions
Courts and Post Offices	Credit Bureau	State Unemployment Agencies
Schools and Colleges	Social Security Administration	Previous Landlords
Enforcement Agencies	Utility Companies	Child Care Providers
Support and Alimony Providers		

I acknowledge and agree that:

- A photocopy of this authorization is as valid as the original and may be used for the purposes stated above; and
- I have the right to review the file and the information received using this form (with a person of my choosing to accompany me); and
- I have the right to copy information from the file and to request correction of information I believe inaccurate; and
- This authorization will stay in effect until the Programs have been completed or terminated; and

TENNESSEN WARNING

As an applicant for benefits under one or more of the housing programs administered by TCHFH, including but not limited to; HOME Investment Partnerships (HOME) Program, Community Development Block Grant (CDBG), the Self-Help Homeownership Opportunity (SHOP) Program, Affordable Housing Incentive Fund (AHIF), the Federal Home Loan Bank (FHLB) Affordable Housing Program, and the Minnesota Housing Finance Agency's (MHFA) Impact Fund, hereinafter referred to as "the Programs" you will be asked to provide information that may be considered private under the Minnesota Government Data Practices Act (the "Act"). The Act requires that you be provided with the following information.

(Continued on reverse side)

The data that you will be asked to provide to TCHFH for the Programs includes, but is not limited to the following data about members of your household:

- Income
- Social security numbers
- Identity of household members
- Income verification
- Social security cards

The foregoing information is needed in order to determine your eligibility for the Programs. You may refuse to provide the requested information, but this may result in delay in processing or rejection of your application.

This information may be shared with applicable TCHFH staff, the U. S. Department of Housing and Urban Development (HUD), the Minnesota Housing Finance Agency (MN Housing), contracted monitoring agencies, contracted community partnership organizations, and internal and independent auditors. It may also be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigations.

PRIVACY ACT NOTICE

As an applicant for the Programs, you may be asked to provide your social security number. If it is requested, the federal Privacy Act of 1974 requires that you be provided with the following information:

- Furnishing your social security number is mandatory for the Program to determine your eligibility for the Program.
- The statutory authority for the Program to request disclosure of your social security number is Title 42, Chapter 7, Subchapter II 405(c)(2)(C)(i).

All adult household members, 18 years or older, will sign this form and cooperate with the eligibility process.

I declare that I have read and understood the information given above regarding the Release of Information, the Minnesota Government Data Practices Act, and the Privacy Act of 1974.

Applicant(s):

Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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