

SOKAOGON CHIPPEWA COMMUNITY
HOMEOWNER ASSISTANCE FUND PROGRAM

Applicant Authorization for Release of Information

I, _____ [print name] (“Applicant”) am applying for certain financial assistance from the Sokaogon Chippewa Community under the Homeowner Assistance Fund Program. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Sokaogon Chippewa Community.

Name and address of person or entity possessing information regarding Applicant:

Name and address and contact person to whom information is to be released:

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to Sokaogon Chippewa Community. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Applicant

Date