



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/We, \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to **Orange County's Department of Housing and Community Development**, for the purposes of verifying information provided, as part of determining eligibility for assistance under the Neighborhood Stabilization Program. I understand that only information necessary for determining eligibility can be requested.

**Types of information to be verified:**

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: 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), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pension, 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 verification are, but not limited to:**

- |   |                                      |
|---|--------------------------------------|
| Past/Present Employers                      | Alimony/Child/Other Support Payments |
| Banks, Financial or Retirement Institutions | Social Security Administration       |
| State Unemployment Agency                   | Veteran's Administration             |
| Welfare Agency                              | Other: _____                         |

**Agreement to Conditions:**

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

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<b>Signature of Applicant</b>	<b>Print Name</b>	<b>Date</b>
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<b>Signature of Co-Applicant</b>	<b>Print Name</b>	<b>Date</b>
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NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.