

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY



**AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in denial of benefits.

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), Immigration and Naturalization Service (INS), and the State of Michigan Department of Human Services (DHS) Medicaid Program and Food Assistance Program. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date

Return completed form to:

Schoolcraft County EDC
321 Deer Street
Manistique, MI 49854
Phone (906) 341-5126 Fax (906) 341-5555

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

