

Form 4: AUTHORIZATION FOR RELEASE OF INFORMATION
Orange County Rural Development Advisory Corporation (RDAC)

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify information to RDAC for the purpose of reviewing my application for services provided by the Homeownership Center.

I understand and agree that the information obtained with this authorization may be given to and used by RDAC in administering and enforcing program rules and policies. I also consent for RDAC to release information from my file to credit bureaus, banking institutions or other individuals or organizations.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include, but are not limited to:

- | | |
|----------------------------------|--------------------------------|
| Identity and Marital Status | Credit and Criminal Activity |
| Employment, Income and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

- | | |
|--------------------------------------------------------|----------------------------------------|
| Previous Landlords (including Public Housing Agencies) | Support and Alimony Providers |
| Past and Present Employers | Medical and Child Care Providers |
| Welfare Agencies | Veterans Administration |
| Courts and Post Offices | Retirement Systems |
| State Unemployment Agencies | Banks and other Financial Institutions |
| Schools and Colleges | Utility Companies |
| Social Security Administration | Credit Providers and Credit Bureaus |
| Law Enforcement Agencies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with RDAC and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect. I further agree and authorize that all verifications, inquiries and responses to such inquiries can be transmitted via fax or e-mail.

SIGNATURES:

_____	_____	_____
Household Member 18 years or older	(Signature)	Date
_____	_____	_____
Household Member 18 years or older	(Signature)	Date