



Cherokee Indian Housing Division

Authorization to Release Information Form



1. Applicant Name

First Name

Middle Name

Last Name

2. Date of Birth:

MM

DD

YY

1. Applicant Name

First Name

Middle Name

Last Name

2. Date of Birth:

MM

DD

YY

By signing below, I authorize the EBCI, Cherokee Indian Housing Division (CIHD), or its designated agents to obtain and receive all records and information pertaining to eligibility for the Housing Programs, including credit history, criminal history, employment earning records, income (including IRS returns), bank accounts, stock holdings and residency from all persons, companies, or firms holding or having access to such information.

I further authorize EBCI, and CIHD to order a consumer credit report and verify other credit information, including past and present mortgage references. It is understood that a photocopy of this form will also serve as an authorization that I agree to have no claim for defamation, violation of privacy, or otherwise against any person, firm, or corporation by reason of any statement of information released by them to EBCI, CIHD, or it's designated agents for purposes of the program.

Applicant Signature:

Date of Signature:

Applicant Signature:

Date of Signature:

Notice to Applicant: This serves as your notice as required by the Right to Financial Privacy Act of 1978, that HUD/FHA has the right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transactions will be available to HUD/FHA/Rural Development and financial institutions without further notice or authorization but will not be disclosed or released by this institution to another Government or department without your consent except as required or permitted by law.