

RELEASE OF INFORMATION

AUTHORIZATION TO SHARE INFORMATION WITH WORKING PARTNERS

I/We authorize the Office of the Metropolitan Partnership for Lead Safe Housing to obtain any verification of information that is necessary to process my application for Lead Grant funds, and to share information that is necessary for the operation of the Lead Grant Program with our Working Partners.

I/We understand by signing below, that employment and verification of income and/or benefits must be verified according to HUD Guidelines within six months of the lead hazard control work and that eligibility will be determined based upon that information.

Date

Signature

Date

Signature