



CONSENT TO REVIEW/RELEASE INFORMATION

Applicant Name _____
FIRST MI LAST

PURPOSE OF RELEASE: In an effort to eliminate duplicate services carried out by federally funded programs all adult household members will be subject to verification of eligibility. By providing your information and signing this form, you are confirming that you have not received County/State/Federal funds towards rental or mortgage assistance within the last 12 months and allow MEO to verify with other programs or agencies receiving federal funds for rental or mortgage assistance programs. These programs include but are not limited to the following programs and agencies:

- FAMILY LIFE CENTER
- WOMEN HELPING WOMEN
- CATHOLIC CHARITIES
- MAUI UNITED WAY
- KA HALE A KE OLA
- MAUI ECONOMIC OPPORTUNITY
- HELP PROGRAM- MEO
- COM HOUSING DEPARTMENT

TYPES OF INFORMATION TO BE RELEASED:

- ✓ Intake information
- ✓ Case notes
- ✓ Maui Electric Company Bill
- ✓ HUD documents: HUD contract, Notice of rent adjustment, house inspection
- ✓ Referrals and other related agencies
- ✓ Landlord
- ✓ Other: All information relating to Rental application and subsidies

By signing this release form I (We) hereby authorize the release of information as specified above and understand;

- Agencies cannot disclose information provided without my consent, unless allowed by the State or Federal Law.
- This consent expires one (1) year from the date of signature.

Applicant Information:

Last Name _____

First Name _____

Signature _____ Date _____

Social Security # _____

Other Adult Household Member:

Last Name _____

First Name _____

Signature _____

Social Security # _____

Other Adult Household Member:

Last Name _____

First Name _____

Signature _____

Social Security # _____

Other Adult Household Member:

Last Name _____

First Name _____

Signature _____

Social Security # _____