Form #: MHTF-250

Strength, Dignity, Quality of Life
MISSOURI HOUSING
DEVELOPMENT COMMISSION

GRANT RECIPIENT'S CONSENT TO RELEASE OF INFORMATION

I, _____understand and acknowledge that _____ (the "Agency"), in exchange for receiving funds from the Missouri Housing Development Commission ("MHDC") under the Missouri Housing Trust Fund Program ("MHTF Program"), is required to share certain information about me with MHDC in order to ensure the Agency's compliance with all rules and requirements of the MHTF Program.

By my signature below, I hereby authorize the Agency to share all of my personal information with MHDC for the limited purposes of proving that I qualify to receive assistance under the MHTF Program and ensuring that the Agency is in compliance with the rules and requirements of the MHTF Program. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of MHTF Program funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for MHTF Program funds and/or to determine whether the Agency is in compliance with all rules and requirements of the MHTF Program.

Applicant's Signature: _____

Printed Name: _____

Date: _____

Among the stated goals of the MHTF Program is the provision of safe, decent and sanitary housing. In order to assist MHDC in furthering this goal, please indicate which of the following statements below is most accurate as it pertains to your current housing:

☐ I believe my current housing, for which I am seeking MHTF Program assistance, **IS** safe, decent and sanitary.

☐ I believe my current housing, for which I am seeking MHTF Program assistance **IS NOT** safe, decent and sanitary.

NOTE – If, at any time while you are receiving assistance under the MHTF Program, you believe your current housing ceases to be safe, decent and sanitary, please report this to the Agency, as the Agency will assist you in locating housing that is safe, decent and sanitary.

Effective Date: 4/1/2010