



**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”) is required to share certain information about me with MHDC in order to ensure the Agency’s compliance with all rules and requirements associated with the funds from MHDC.

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 administered by MHDC and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from MHDC. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of MHDC funds and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for MHDC funds and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the funds from MHDC. I understand that the funding received by Agency and administered by MHDC may actually be from other state and federal agencies, such as the Department Social Services, and I hereby authorize MHDC to share my information with such funding sources for the limited purposes of proving that I qualify to receive such assistance and ensuring that all program rules and requirements are complied with by Agency and MHDC. I further authorize such other funding sources to contact me directly to discuss any matters related to my receipt of the funds administered by MHDC and agree to provide any additional information that such funding sources may deem necessary in order to fully determine my eligibility and/or to determine whether all program rules are complied with by Agency and MHDC.

Applicant’s Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Among the stated goals of programs administered by MHDC is the provision of safe, decent and sanitary housing. In order to assist 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 MHDC assistance, **IS** safe, decent and sanitary.
- I believe my current housing, for which I am seeking MHDC assistance **IS NOT** safe, decent and sanitary.

NOTE – If, at any time while you are receiving assistance through programs administered by MHDC, you believe your current housing ceases to be safe, decent and sanitary, please report this to the Agency; and, the Agency will assist you in locating housing that is safe, decent and sanitary.