



Authorization for the Release of Information to the City of Boca Raton

Agency requesting release of information:

City of Boca Raton
Community Improvement Division
201 West Palmetto Park Road
Boca Raton, FL 33432
Phone: (561) 544-8667 Fax: (561) 368-8305

This form authorizes the City of Boca Raton to request verification of employment, income, assets and delinquent housing payment information. The groups or individuals that may be asked to release this information include, but are not limited to:

- | | | |
|--|--------------------------------|--------------------------------|
| Past and Present Employers | Credit Reporting Agencies | Veterans Administration |
| The Department of Labor | Retirement Systems | Social Security Administration |
| Banks and other Financial Institutions | Child Support/Alimony Agencies | Internal Revenue Service |
| Mortgage Brokers and other Lenders | Homeowner/Condo Associations | Welfare Agencies |
| Landlord/Leasing Agent | | |

Purpose: In signing this consent form, you are authorizing the City of Boca Raton to request income and asset information, as well as delinquent housing payment information. The City needs this information to verify that your household is eligible for CDBG-CV assistance. The City may participate in computer matching programs with these sources in order to verify your eligibility.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be submitted by new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility for CDBG-CV Program assistance.

Consent: I/we consent to allow the City of Boca Raton to request and obtain income, asset and/or housing payment obligation information from the sources listed on this form for the purpose of verifying my/our eligibility and level of assistance under the CDBG-CV Program. I/we understand that a photocopy of this authorization may be used for the purposes stated above.

This consent form expires 12 months after signed.

SIGNATURES:

_____	_____	_____
Applicant	Print Name	Date
_____	_____	_____
Co-Applicant	Print Name	Date
_____	_____	_____
Other Household Member over age 18	Print Name	Date
_____	_____	_____
Other Household Member over age 18	Print Name	Date

