

**HOME Program
Eligibility Release Form**

Organization requesting release of information (PJ name, address, telephone, and date)

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list)		
Dependent Deduction		
_____ Full-Time Student		
_____ Handicap/Disabled Family Member		
_____ Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #4

VERIFICATION OF: Employment

<p>(Name of HOME Participating Jurisdiction) _____</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. Weeks ____, or No. Weeks ____ worked per year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected weekly average number of hours overtime to be worked during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p>For: _____ \$_____ per _____</p> <p>Is pay received for vacation? ____ If yes, no. of days/yr. ____</p> <p>Total base pay earnings for past 12 mos. \$_____</p> <p>Total overtime earnings for past 12 mos. \$_____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what amount can they get access to: \$_____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

VERIFICATION OF: Pension and Annuities

<p>(Name of HOME Participating Jurisdiction) _____</p> <p>AUTHORIZATION: Federal Regulations require us to verify Pension and Annuities Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Current monthly gross amount of pension or annuity \$ _____</p> <p>Deductions from gross for medical insurance premiums \$ _____</p> <p>Date of initial award _____</p> <p>Effective date of current amount _____</p> <p>Contributions to company retirement/pension fund \$ _____</p> <p>Amount received in a lump sum \$ _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
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VERIFICATION OF: Veterans Administration Benefits

<p>(Name of HOME Participating Jurisdiction) _____</p> <p>AUTHORIZATION: Federal Regulations require us to verify Veterans Administration Benefits Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Name of Veteran: _____</p> <p>Address: _____</p> <p>_____</p> <p>Claim No.: _____</p> <p>Date of Birth: _____</p> <p>Service Dates: _____ to _____</p> <p>Benefits Paid to: _____</p> <p>1. Current Benefit Amount \$ _____</p> <p>2. Original Start Date _____</p> <p>3. This amount will increase/ decrease to (circle one) \$ _____</p> <p> Date Change Takes Effect _____</p> <p>4. Benefits are for:</p> <p><input type="checkbox"/> GI Bill Training</p> <p><input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> Service Connected Compensation Disability (%) _____</p> <p><input type="checkbox"/> Nonservice Pension Death</p> <p><input type="checkbox"/> Service Connected Compensation Death</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
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VERIFICATION OF: Public Assistance Income

<p>(Name of HOME Participating Jurisdiction)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Public Assistance Data</th> <th style="text-align: right;">Rate per Month</th> </tr> </thead> <tbody> <tr> <td>Number in family: _____</td> <td></td> </tr> <tr> <td>Aid to Families with Dependent Children</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>General Assistance</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Amount specifically designated for shelter and utilities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other assistance—type: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: center;">Total Monthly Grant</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other income—Sources: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Maximum allowance for rent and utilities (as-paid states)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Amount of public assistance received during past 12 months</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Public Assistance Data	Rate per Month	Number in family: _____		Aid to Families with Dependent Children	\$ _____	General Assistance	\$ _____	Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount specifically designated for shelter and utilities	\$ _____	Other assistance—type: _____	\$ _____	Total Monthly Grant	\$ _____	Other income—Sources: _____	\$ _____	Maximum allowance for rent and utilities (as-paid states)	\$ _____	Amount of public assistance received during past 12 months	\$ _____
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VERIFICATION OF: Child Support Payments

<p>(Name of HOME Participating Jurisdiction)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Child Support Payments made to all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Name of Person Paying Child Support: _____</p> <p>Address of Person Paying Child Support: _____ _____ _____</p> <p>Support is for <input type="checkbox"/> his <input type="checkbox"/> her children. Name(s) of children being supported: _____ _____ _____</p> <p>Amount of support: \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____ Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
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VERIFICATION OF: Income from Military Service

<p>(Name of HOME Participating Jurisdiction) _____</p> <p>AUTHORIZATION: Federal Regulations require us to verify Military Service Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Years _____ and Months _____ of service for pay purposes.</p> <p>Income:</p> <p>Base and Longevity Pay \$ _____</p> <p>Proficiency Pay \$ _____</p> <p>Sea and Foreign Duty Pay \$ _____</p> <p>Hazardous Duty Pay \$ _____</p> <p>Subsistence Allowance \$ _____</p> <p>Quarters Allowance (include only amount contributed by the Government) \$ _____</p> <p>Number of dependents claimed _____</p> <p>Imminent Danger Pay \$ _____</p> <p>Other (explain):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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VERIFICATION OF: Assets on Deposit

(Name of HOME Participating Jurisdiction) AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Account No. _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____		
Retirement Savings (IRA, Keogh, 401(k))	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
Money Market Funds	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
RELEASE: I hereby authorize the release of the requested information. _____ (Signature of Applicant) Date: _____ Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____				
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