



## Owner-Occupied Limited Rehabilitation for Qualifying Households Program AUTHORIZATION TO RELEASE INFORMATION TO DETERMNE ELIGIBILITY

l,		the undersigned,	
hereby, authorize to release without lia assets to the Boynton Beach F the City of Boynton Beach Commo	aith Based CDC, I	nc., acting on behalf of	
information provided to determine Rehabilitation Program. I understand be requested.	eligibility to participate	in the Owner-Occupied Limited	
Types of information to be verified:			
I understand that previous or current in be requested are, but not limited to: payment frequency, commissions, rais stocks, bonds, certificate of deposits etc., payments from Social Security, and or death benefits; unemployment, dis income from the operation of a business.  Organizations/Individuals that may be Past/Present Employers Alimony/Chrostitutions, Social Security Administratively Melfare Agency, Other:	personal identity, employments, best, bonuses, and tips; cases, bonuses, and tips; cases, (CD), individual Retirement innuities, insurance policies, ability and/or worker's consist, and alimony or child suppersisted to provide written/inild/Other Support Provided	ent history, hours worked, salary and sh held in checking/savings accounts, at Accounts (IRA), interest, dividends, retirement funds, pensions, disability impensation; welfare assistance; net oport payments, etc.  Voral verification are, but not limited to ers, Banks, Financial or Retirement	Σ
Agreement: I agree that a photocopy of understand that I have the right to re			
Signature of Applicant	Print Name	Date	
Co-Signature of Applicant	Print Name	Date	
Signature Adult Household Member	Print Name	Date	
Signature Adult Household Member	Print Name	 Date	