

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above.

I hereby expressly waive, release and forever discharge the Samish Indian Nation and the Samish Indian Nation Housing Department and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the Samish Indian Nation, the Samish Indian Nation Housing Department and their agents, as a result of my application for housing related services with the Samish Indian Nation and my authorization for release of information by the relevant agencies noted.

I have read the foregoing Authorization for Release of Information and accompanying Application for services and know the contents thereof. The statements contained herein are true and correct and contain a full and true account of the information requested. I execute this statement with the knowledge
That misrepresentation or failure to reveal information requested might be deemed sufficient causes for denial or revocation of services I am voluntarily submitting this Application.

SIGNATURE:

Applicant

Print Name

Date



**AUTHORIZATIONS
For Release of Information**

CONSENT:

I AUTHORIZE AND DIRECT ANY Federal, State, or local agency, organization, business and/or individual to release to the Samish Indian Nation any information or material needed to complete and verify my application for participation in any/all of the Samish Indian Nation Housing Assistance Programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and marital status	Employment and income
Medical or childcare allowances	Credit or criminal activity
Residence and rental activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility in the Samish Indian Nation Housing Assistance Programs.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending upon program requirements) include but are not limited to:

Previous landlords	Past and present employees
Dept. of Health and Human Services	Veteran's Administration
Courts and post offices	Retirement systems
Banks and other financial institutions	State unemployment agencies
Social Security Administration	Schools and colleges
Credit providers/credit bureaus	Utility companies
Support/Alimony providers	Law enforcement agencies
Medical/childcare providers	Other Departments within Samish Indian Nation



Samish Indian Nation
OF WASHINGTON

Authority for Release of Information

To Whom It May Concern:

I hereby authorize the Samish Indian Nation Housing Department, within one year of its date, to release any information to other Indian Housing Authorities, Tribes, Residential Management Agents, Landlords (potential or previous), employers, criminal justice agencies, or other agencies and/or other departments within the Samish Indian Nation. I understand that the information is for official use only and may be disclosed to such third parties as necessary in the fulfillment of their responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____

Tribal Enrollment No. _____

Signature

Date

Samish Indian Nation Housing Department

Date

THIS AUTHORIZATION EXPIRES ONE YEAR FROM THIS DATE: _____

MY AUTHORIZATION MAY BE REVOKED AT ANY TME WITH MY WRITTEN REQUEST.