

## **Authorization To Release Information for a Limited Purpose**

**(Ownership and Rental Units)**

The undersigned applicant(s) hereby authorizes Jackson/Teton County Affordable Housing Department (Housing Department) and/or its authorized agents, full and complete access to financial and employment records, both personal and business related, held by any financial institution, accountant, governmental agency, and/or employer, current or former, in connection with the consideration or administration of a Housing Department program for which we have homeownership or rental. Specifically, the authorization is for documents that validate employment, sources of income, and/or ownership of additional real estate. The Housing Department shall not disclose or release this information obtained to another government agency, entity, or individual without consent, except as required or permitted by law.

In addition, the undersigned applicants acknowledge that all records submitted as part of this requalification, or as supplement required for verification, will be retained by the Housing Department in compliance with its policies and procedures and for audit purposes.

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Printed Name of Owner

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Signature of Owner

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Date

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Printed Name of Owner

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Signature of Owner

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Date

Physical Address: \_\_\_\_\_