

Authorization For Release of Information

Consent:

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the New Jersey Housing & Mortgage Finance Agency any information or materials needed to verify my/our application for assistance under the SSBG Rental Assistance Program (SSBG). I/we understand and agree that the information obtained may be given to and used by New Jersey Housing & Mortgage Finance Agency in administering and enforcing SSBG Rental Assistance Program guidelines and policies. I/we further understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for the SSBG Rental Assistance Program.

Conditions:

I/we understand that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with New Jersey Housing & Mortgage Finance Agency and will stay in effect from the date signed. This form performs the requirement of the property owner(s) to release information necessary for the administration of the program. Failure to sign this form will result in ineligibility. I/we understand that I/we have a right to review my/our file and correct any information that I/we can prove incorrect.

Signature

Date

Print

Signature

Date

Print