

AUTHORIZATION FOR RELEASE OF INFORMATION

Each household member 18 years or older must read and sign this Authorization Form for Release of Information.



I, _____ (legal name), do hereby authorize any agencies, offices, groups organizations or business firms to release to the **CITY OF CHULA VISTA** (CITY) any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the First-Time Homebuyer Program (FTHB). The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; educational institutions; past or present employers; Social Security Administration; welfare and food stamps agencies; Veteran's Administration, court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

I understand that the U.S. Department of Housing and Urban Development (HUD), and/or the City of Chula Vista (City) may utilize third parties to verify information and other computer matching programs in order to verify the information supplied on my application. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD and/or the City, in the administration and enforcement of program rules and regulations and that HUD and/or City may in the course of its duties obtain such information from other Federal State or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration; and State welfare and food stamp agencies. If there is a discrepancy between the information provided by the above sources and the information that I have provided, I understand that City may take action to terminate my homebuyer assistance and make the loan due and payable including any accrued interest, and will require the repayment of benefits I was not eligible to receive.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. This authorization is valid for the life of the loan.

_____		_____		_____		_____	
Address		City		State		Zip	
____/____/____		____-____-____		(____)____-____			
Date of Birth		Social Security No.		Telephone Number			
_____				____/____/____			
Signature				Date Signed			