



Data Release Form & Third Party Authorization

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct Autism Housing Pathways, Inc. (AHP) and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by AHP. You understand and agree that AHP intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize AHP to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help AHP determine your viable financial options.

- | | | |
|--|--|---|
| <input type="checkbox"/> Lenders | <input type="checkbox"/> Banks | <input type="checkbox"/> Mortgage Servicers |
| <input type="checkbox"/> Debt Collectors | <input type="checkbox"/> Landlords | <input type="checkbox"/> Public Housing Authorities |
| <input type="checkbox"/> Property Management Companies | <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> Counseling Agencies |

Entities such as mortgage lenders and/or counseling agencies may contact your AHP counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your AHP counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of AHP, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize AHP to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep AHP



informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying AHP in writing.

_____	____/____/____	_____	_____
Person 1 (Printed)	SSN#	Signature	Date
_____	____/____/____	_____	_____
Person 2 (Printed)	SSN#	Signature	Date
_____	____/____/____	_____	_____
Person 3 (Printed)	SSN#	Signature	Date