INDIAN WELLS CHAPTER

HOUSING DISCRETIONARY ASSISTANCE

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the Indian Wells Chapter to verify the information given on my Housing Discretionary Application. Further, I hereby release all persons and organizations from liability for providing legally relevant information in connection with my Housing Discretionary application.

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APPLICANT SIGNATURE DATE

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CO-APPLICANT SIGNATURE DATE