

Program Eligibility Release Form

Organization requesting release of information
(STEP, Inc. 2138 Lincoln Street / Williamsport /
570-327-5420 /)

Information Covered: Inquiries may be made about
items listed below.

Purpose: Your signature on this Eligibility
Release Form, and the signatures of each member
of your household who is 18 years of age or older,
authorizes the above-named organization to
obtain information from a third party relative to
your eligibility and continued participation in the:

	Verification Required
Income (all sources)	X
Assets (all sources)	X
All other as requested	X

Housing & Building Initiatives Grant Programs

Privacy Act Notice Statement: The Department of
Housing and Urban Development (HUD) is
requiring the collection of the information derived
from this form to determine an applicant's
eligibility in a Program and the amount of
assistance necessary using state or federal funds.
This information will be used to establish level of
benefit of the Program; to protect the
Government's financial interest; and to verify the
accuracy of the information furnished. It may be
released to appropriate Federal, State, and local
agencies when relevant, to civil, criminal, or
regulatory investigators, and to prosecutors.
Failure to provide any information may result in a
delay or rejection of your eligibility approval. The
Department is authorized to ask for this
information by the National Affordable Housing
Act of 1990.

Authorization: I authorize the County government,
STEP, Inc. and HUD to obtain information about
me and my household that is pertinent to
eligibility for participation in the Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Instructions: Each adult member of the household
must sign the Eligibility Release Form prior to the
receipt of benefit and on an annual basis to
establish continued eligibility. Additional
signatures must be obtained from new adult
members whenever they join the household or
whenever members of the household become 18
years of age.

**NOTE: THIS GENERAL CONSENT MAY NOT BE
USED TO REQUEST A COPY OF A TAX
RETURN. IF A COPY OF A TAX RETURN
IS NEEDED, IRS FORM 4506, "REQUEST
FOR COPY OF TAX FORM" MUST BE
PREPARED AND SIGNED SEPARATELY.**

Head of Household—Signature/ Printed Name, and Date:
Family Member HEAD

X _____ Date

Other Adult Member of the Household—Signature/ Printed Name, and Date:
Family Member #2

X _____ Date

Other Adult Member of the Household—Signature/ Printed Name, and Date:
Family Member #3

X _____ Date

Other Adult Member of the Household—Signature/ Printed Name, and Date:
Family Member #4

X _____ Date

Other Adult Member of the Household—Signature/ Printed Name, and Date:
Family Member #5

X _____ Date

Other Adult Member of the Household—Signature/ Printed Name, and Date:
Family Member #6

X _____ Date