

The Saginaw Chippewa Indian Tribe of MI
Housing Department
2451 Nish-Na-Be-Anong Drive
Mount Pleasant, MI 48858
(989) 775-4595 fax: (989) 775-4580

Authorization for Release of Information

I, the undersigned, hereby authorize any agencies, offices, groups, organizations, businesses, or individuals to furnish information concerning myself and my household to the Saginaw Chippewa Housing Department (SCHD), its duly authorized representative for purposes of verifying my eligibility to receive benefits from the SCHD.

Those that may be asked to release information include, but are not limited to:

The Saginaw Chippewa Indian Tribe	Courts & Law enforcement	Child support & alimony agencies
Schools & colleges	Background screening agencies	U.S. Social Security Admin
Scholarship providers	Employers	U.S. Dept. of Veteran's Affairs
Banks and Credit Unions	Employment agencies	U.S. Postal Service
Other financial institutions	Unemployment agencies	Retirement Systems
Current & previous landlords	Credit bureaus	MDHHS Adult & Children Services
Public housing agencies	Utility companies	SCIT, ACFS
Medical professionals & facilities	Child Care Providers	SCIT, Behavioral Health

I understand that, verifications requirements apply, and inquires will include but are not limited:

Identity	Employment	Medical or health issues
Marital status	Credit history	Tribal benefits
Household composition	Income, assets & debts	Federal benefits
School enrollment	Rental history	State benefits
Academic status & progress	Criminal history	Local benefits
Academic Transcripts	Legal issues	

I understand I have a right to review any information received in accordance with this release, and I have a right to correct any information that I can prove is incorrect.

I acknowledge that photo copy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 12 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquires, it may constitute ground for denial or termination of assistance or tenancy, or both.

Adult applicant signature

Printed name

date

Adult household member signature

Printed name

date