## RELEASE OF INFORMATION AGREEMENT

I, the undersigned, hereby acknowledge that my criminal history, consumer credit history, my employment history and my prior tenancy may be investigated in the course of consideration for tenancy and I hereby authorize **Saginaw Chippewa Housing** *or* its agent(s) to contact credit agencies, my references, my current employer and my current landlord, as well as <u>any and all</u> former employers and landlords, support and alimony providers, child care providers, retirement systems, courts and post offices, Social Security Administration, Tribal and/or State Social Services, utility companies, **all law enforcement** 

**agencies**, and schools and colleges and authorize the same to release information about me including, but not limited to, information about my employment, my tenancy, and/or my consumer credit history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for releasing and/or collecting the above information. This release shall remain in effect for the length of my tenancy with the Saginaw Chippewa Housing, plus two years after. I understand I have the right to obtain a free copy of the consumer credit report if;

- (1) any adverse action/decision is made based on the information in that report and
- (2) if the request is made in writing within 60 days of the adverse action taken.

I believe, to the best of my knowledge, that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Full Name		
First	Middle	Last
Address Street Address	City	State Zip
Date of Birth/	_/ Social Security	Number
Driver's License #		_ State
Phone () Receive Text Messages? Yes or No	*e-mail address	
Vehicle	Plate	
Company Requesting Information: Saginaw Chippewa Housing 2451 Nish-Na-Be-Anong Rd. Mount Pleasant, MI 48858 Phone: (989) 775-4595 Fax: (989) 775-4580		
Information Being Requested	l:	
Individual Credit Report Tenancy Verification & History Caseworker ACFS Criminal History	Employment Verification	Social Security VerificationReference CheckCaseworker
*This form with the authorizing signature will be kept on file and may be photocopied repeatedly throughout the course of its validation and used as needed.		
Signature		Date / /
Staff:		Date: