



**Housing Counseling Program
RELEASE OF INFORMATION**

I, _____, grant permission to Catholic Charities to inquire and report on my behalf concerning my desire to seek any type of counseling within the Housing Program. This release is extended to any person or institution which Catholic Charities finds necessary to contact regarding my banking, credit or request for a credit report, legal history, the details of any previous home purchase, my rental history including outcomes for established goals, or any other related financial transaction. The intended use of the consumer credit report is for the purpose of evaluating my financial fitness for the goals indicted in my Housing Plan document and is in compliance with Paragraph 604 of the Fair Credit Reporting Act. (FCRA).

This *Release of Information* remains in effect for twelve months or until written notice is provided (whichever is earlier) to Catholic Charities revoking such *Release of Information*.

- In signing this document I acknowledge that the use of the above information is confidential and is intended to be used only by Catholic Charities in administering the Safe Passage Housing Counseling Program*
- I recognize that this information may be subject to inadvertent or uncontrollable reuse or re-disclosure through no intent or fault of Catholic Charities.*
- I understand that I have a right to refuse to sign this document and that such a refusal may result in my not receiving the housing counseling services of Catholic Charities.*

SIGNED: _____ DATED: _____

SS# _____ DATE OF BIRTH _____

ADDRESS _____

SIGNED _____ DATED _____

SS# _____ DATE OF BIRTH _____

ADDRESS _____

WITNESSED _____ DATED _____