

**BUREAU OF INDIAN AFFAIRS
HOUSING IMPROVEMENT PROGRAM (HIP)**

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release to _____
for verification purposes, any and all information concerning the following:

Employment history dates, title, income, hours worked, etc.

Banking, savings, and IIM accounts of record.

General Assistance income.

Any other information requested as deemed necessary to verify our application.

This information is for the CONFIDENTIAL use of _____
_____, in
evaluating your application for Housing Improvement Program (HIP) financial assistance.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature (s) of the undersigned) may be deemed to be equivalent of the original and may be used as a duplicate original.

FULL NAME: _____ PARENT/GUARDIAN _____
(SIGNATURE) (IF REQUIRED - SIGNATURE)

FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

SUBSCRIBED AND SWORN TO ME, THE UNDERSIGNED NOTARY PUBLIC

THIS _____ DAY OF _____, 20 ____ .

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____