

APPLICANT/TENANT RELEASE AND CONSENT

The undersigned hereby authorize the release without liability information regarding the applicant's employment, income and/or assets to PALM BEACH COUNTY COMMISSION ON AFFORDABLE HOUSING, for the purpose of verifying information provided as part of the owner's assistance under the Florida Homebuyer Opportunity Program (FHOP).

It is understood previous and current information regarding the applicant(s) may be needed. Verification and inquires may be requested, but are not limited to the following:

- | | |
|----------------------------|--------------------------------|
| √ Personal Identity | √ Assets |
| √ Employment | √ Medical Allowances |
| √ Income | √ Child Care Allowances |

This authorization will only be used to obtain information about the applicant(s) pertinent to my eligibility for the FHOP Program.

Information may be solicited from, but not limited to:

Past and Present Employers	Retirement Systems
Previous Landlord(s) (<i>including Public Housing Agencies</i>)	Veterans Administration
State Unemployment Agencies	Welfare Agencies
Social Security Administration	Bank and Other
Internal Revenue Service	Financial Institutions

The applicant(s) understands a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay in effect for one year and one month from the date signed. The applicant(s) have the right to review this file and correct any information proven to be incorrect.

_____ Head of Household	_____ Print Name
_____ Spouse / CO-Applicant	_____ Print Name
_____ Adult Member	_____ Print Name

The foregoing instrument was acknowledged before me this ____ day of _____ 2007 by _____ who produced _____, as identification and who (did not) take an oath.

SEAL Notary Signature: _____
Notary Name: _____
Commission # _____ Expires _____