

# Johnston-Lee-Harnett Community Action, Inc.

1102 Massey Street, Smithfield, NC 27577 · (919)-934-2145

Lender: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Loan # _____	Last 4 Digits of SS# _____
Client Name: _____	
(Primary) _____	LAST _____ FIRST _____ MIDDLE _____
CLIENT ADDRESS: _____	
I AUTHORIZE THE AGENCY PRESENTED THIS DOCUMENT TO DISCUSS MY ACCOUNT AND RELEASE INFORMATION IN ITS ENTIRELY WITH HUD CERTIFIED HOUSING COUNSELOR: _____	

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize Johnston-Lee-Harnett Community Action, Inc. and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, counseling, and /or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and /or historical information regarding myself and members of my household.

**I UNDERSTAND THAT:**

- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twelve months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement to that effect.
- If I revoke my authorization, all information about me already in the database will remain.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_