LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

AUTHORIZATION TO RELEASE INFORMATION

Community Action Agency (CAA):

Name _____

Address _____

Questions should be directed to:

CAA Rep Name: _____

CAA Rep Title: _____

CAA Rep Phone: _____

CAA Rep Email: _____

INSTRUCTIONS: Return completed and signed Authorization to Release Information to the above-named CAA.

Date _____ **Project Type:** ☐ Single Family ☐ Multi-Family

TO: _____

RE: _____ _____
Name of Customer Account or Other Identifying Number

I have applied for or obtained a grant from MaineHousing and the above-named CAA.

MaineHousing and/or the CAA may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to MaineHousing and the CAA, for verification purposes, the following applicable information:

1. Past and present employment or income records.
2. Bank account, stock holdings, and any other asset balances.
3. Other consumer credit references

If the request is for a new grant, I further authorize MaineHousing and/or the CAA to order a credit consumer report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., MaineHousing and the CAA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my grant and application will be available to MaineHousing and the CAA without further notice or authorization, but will not be disclosed or released by MaineHousing and the CAA to another government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the grant.

The recipient of this Authorization may rely on the Government's representation that the grant is still in existence.

The information MaineHousing and the CAA obtains is only to be used to process my request for a grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the notice to Applicant Regarding Privacy act Information. I understand that if I requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this Authorization may be accepted as an original. Your prompt reply is appreciated.

_____ _____
Customer Signature Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

MSHA and the CAA are an Equal Opportunity Lender