

**AUTHORIZATION FOR RELEASE OF INFORMATION  
NORTH SUBURBAN CONSORTIUM**

C/O Malden Redevelopment Authority  
17 Pleasant St., 3<sup>rd</sup> Floor, Malden MA 02148  
Mailing Address: P.O. Box 278, Malden MA 02148  
Telephone: (781) 324-5720 Fax: (781) 322-3734  
To request accommodation or language assistance: 781-324-5720

**TO WHOM IT MAY CONCERN:**

I/We, the undersigned, have applied for purchasing a house that is partly subsidized by federal funds and hereby authorize you to release to the NORTH SUBURBAN CONSORTIUM (NSC) all records and information necessary to determine my/our eligibility for assistance through this program. This authorization hereby gives NSC the right to request all information that we can or could obtain from any persons, company, or firm on any matters referred to below. I/We agree to have no claims for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement of information released by them to NSC for the purposes of determining eligibility.

**INFORMATION COVERED:**

- Employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips;
- Cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD's) Individual Retirement Accounts (IRA's), interest, dividends, etc.;
- Payments from Social Security OR Veterans Administration, Annuities, Insurance Policies, Retirement Funds, Pensions, Disability or Death Benefits;
- Unemployment, disability and/or Worker's Compensation, Welfare Assistance;
- Mortgage Loan Information, including balance, payment record, etc.;
- Income from Operation of a Business;
- Alimony or child support payments, etc.

**SOURCES THAT MAY BE ASKED TO PROVIDE WRITTEN/ORAL VERIFICATIONS:**

Employers Social Security Administration Veteran's Administration	Banks Financial/Retirement Institutions Unemployment Agency	Alimony/Child Support Agencies Other Support Providers Welfare Agency
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I/we agree that a photographic or FAX copy of this authorization may be used for the purposes stated above. This Authorization is good for 12 months from the date signed below.

Applicant's Signature	Printed Name	Date
Co-Applicant's Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date