

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release to the Housing Improvement Program, Cheyenne River Sioux Tribe for verification purposes, any and all information concerning the following:

Fax # available

1. Employment history date, titles, income, hours worked, etc.;
2. Banking, Savings (IIM Accounts 964-7707) of record; _____
3. General Assistance Income Fax No. 964-8077; Fax No. TANF Benefits 964-1200;
4. Specifically authorize Social Security Administration to release records 226-7250
5. Specify the information for SSA; **January thru December 2023 INCOME**
6. Specify to whom the record may be disclosed; HIP CRST, Eagle Butte, SD 57625-0590
7. State a time during which the record may be disclosed. If no time frame is given, Assume the consent is for a one-time-only disclosure; _____
8. Tribal Enrollment(s) #964-6614 _____
9. Unemployment 605-626-2452 fax#626-3172; Veterans Affairs 605-336-3230
10. Any other information requested as deemed necessary to verify my/our application

This information is for the CONFIDENTIAL use of the 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.

APPLICANT'S SIGNATURE (Full Name)

DATE

PARENT/GUARDIAN SIGNATURE (If required)

DATE

FULL NAME OF APPLICANT (Print)

SOCIAL SECURITY NUMBER

ADDRESS OF APPLICANT

TELEPHONE NUMBER

Subscribed and sworn to before me this _____ day of, _____

NOTARY PUBLIC

Expiration Date: _____