



ICCF
INNER CITY CHRISTIAN FEDERATION
Making places to come home to.

Inner City Christian Federation
920 Cherry St SE, Grand Rapids, MI 49506
(616) 336-9333

Data Release Form & Third Party Authorization

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct Inner City Christian Federation and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income, assets, and any other information deemed necessary for improving your housing situation

Your credit report will be obtained from a credit reporting agency chosen by Inner City Christian Federation (ICCF). You understand and agree that ICCF intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize ICCF, when necessary, to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help ICCF determine your viable financial options.

- Lenders
- Debt Collectors
- Property Management Companies
- Banks
- Landlords
- Social Service Agencies
- Mortgage Servicers
- Public Housing Authorities
- Counseling Agencies

Entities such as mortgage lenders and/or counseling agencies may contact your ICCF counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your ICCF counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation. *Only information pertinent to the inquiry at hand will be shared.*

You hereby authorize the release of your information to program monitoring organizations of ICCF, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. You also agree to keep ICCF informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying ICCF in writing.

_____	_____/_____/_____ SSN#	_____/_____/_____ Date of Birth	_____	_____
Name 1 (Printed)			Signature	Today's Date

_____	_____/_____/_____ SSN#	_____/_____/_____ Date of Birth	_____	_____
Name 2 (Printed)			Signature	Today's Date

Current Address: _____

Previous Address: _____

(Required if you reside at current address less than 2 years)

Verified Client Identification and SSN: _____

