



### Authorization for Release

I, \_\_\_\_\_, authorize Commonwealth Catholic Charities (CCC) to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my eligibility to participate and receive housing and financial counseling under the programs operated by CCC. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

### Authorization for Disclosure

I authorize CCC to disclose personal information for the purpose of program eligibility and coordination of services. Personal information may also be disclosed to unaffiliated third parties for program review, auditing, research and oversight purposes.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify under its program. It will not be disclosed outside the agency except as required and permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

Account/Loan #	
Last 4 SSN	
Property Address	

Staff Name	
Staff Phone	
Agency TIN	54-0505877