

**AUTHORIZATION TO RELEASE INFORMATION**

**To Michigan State Housing Development Authority and Housing Agency (HA):**

I/we, the individual/household member(s) below is/are a current tenant (occupant) of the residence located at Michigan and is/are an applicant or participant in the MI Neighborhood (MIN), Neighborhood Development Division (NDD) Program. This program is funded by the Michigan State Housing Development Authority (MSHDA) and administered by Housing Agency (HA). In order to be eligible for this Neighborhood Development Division Program, my household income is collected along with other information in my/our program file including my/our address, household size, household member names and photographs. MSHDA and the HA are requesting consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside of MSHDA or the HA, except as permitted or required by law. MSHDA and the HA will protect the file information in accordance with any applicable State privacy law.

Signatures:

Date:

-----  
Head of Household

\_\_\_\_\_

-----  
Spouse

\_\_\_\_\_

-----  
Other Family Member/Occupant over age 18

\_\_\_\_\_

-----  
Other Family Member/Occupant over age 18

\_\_\_\_\_

-----  
Other Family Member/Occupant over age 18

\_\_\_\_\_

-----  
Other Family Member/Occupant over age 18

\_\_\_\_\_



Michigan State Housing Development Authority is committed to providing meaningful access. For accommodations, modifications, translation, interpretation, or other services, please contact [MSHDA-NDD@MICHIGAN.GOV](mailto:MSHDA-NDD@MICHIGAN.GOV)