



City of Madison

Housing Rehabilitation Services Programs

This notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the rehabilitation loan for which you have applied. Financial records involving your transaction will be available to HUD without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

Applicant's permission to verify

To Whom It May Concern:

This is to certify that we have given our permission to the City of Madison to request and receive information required to verify employment, mortgages, deeds of trust, savings accounts, credit accounts, and all other information necessary to complete our application for a Housing Rehabilitation loan.

_____	_____
Print Name (Borrower)	Print Name (Co-borrower)
_____	_____
Signature (Borrower)	Signature (Co-borrower)
_____	_____
Borrower Social Security #	Co-borrower Social Security #

Street Address	

City, State, and Zip Code	

Date	

Please read, sign, and return this form along with the completed application to:
City of Madison-Community Development Division
215 Martin Luther King Jr Blvd, Ste 300
P.O. Box 2627
Madison WI 53701-2627