

**City of Mission Programs  
Eligibility Release Form**

**City of Mission  
1201 E. 8<sup>th</sup> Street (956) 580-8670  
Mission, Texas 78572 FAX: (956) 580-8675**

**Purpose:** Your signature on this Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Mission to obtain information from a third party relative to your eligibility and continued participation in the: City of Mission Programs.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a City of Mission Program and the amount of assistance necessary using CDBG funds. This information will be used to establish level of benefit on the City of Mission Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a City of Mission Program Eligibility Release for prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPERATELY**

\_\_\_\_\_  
Signature- Head of Household                      Date

\_\_\_\_\_  
Signature - Family Member                      Date

\_\_\_\_\_  
Signature - Family Member                      Date

\_\_\_\_\_  
Signature - Family Member                      Date

Revised 9/07

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other: (List) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

**Authorization:** I authorize the City of Mission and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the City of Mission Program.

I acknowledge that:

- (1) A photocopy of this form is a valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.