



## AUTHORIZATION FOR SPECIFIC CONFIDENTIAL COMMUNICATIONS

Your housing information is confidential. In order to discuss or answer questions about your housing assistance with anyone, such as your spouse/significant other, adult child, etc., the Gun Lake Tribe Tribal Member Benefit Department ("TMB Department") needs your "Authorization". If you choose, you may indicate that you do not want us to discuss your housing information with anyone by writing "NONE" on one of the lines below and signing this form. If you choose NONE, a notary signature is not required. Otherwise, please indicate below the name, relationship, telephone number and information that you authorize to be released. I authorize the TMB Department to disclose the following confidential housing information to:

Name	Relation	Phone Number
		(     )     -
		(     )     -
		(     )     -

Check the box(es) next to the information you want released to those listed above.

- |  |   |
|--|---|
| <input type="checkbox"/> Application<br><input type="checkbox"/> Lease Information<br><input type="checkbox"/> Personal Identifying Information<br><input type="checkbox"/> Financial (Bank Statements, Employment, Other)<br><input type="checkbox"/> Criminal Background Information<br><input type="checkbox"/> Household History<br><input type="checkbox"/> Medical | <input type="checkbox"/> Benefits Received<br><input type="checkbox"/> Eligibility Determination Information<br><input type="checkbox"/> Housing Agreements<br><input type="checkbox"/> Third Party Verification Information<br><input type="checkbox"/> Confidential Correspondences<br><input type="checkbox"/> Legal (Order of Support, Divorce Decree, Other)<br><input type="checkbox"/> Other _____ |
|--|---|

This Authorization shall be in force and effect and does not expire until it is revoked in writing. I understand that I have the right to revoke this Authorization in writing at any time by sending such written notification to: TMB Department, 2872 Mission Drive, Shelbyville, MI 49344.

Name (Last, First, Middle)	
Social Security Number	DOB (mm/dd/yyyy)
Signature	