

St. Ambrose Homesharing

CONSENT TO OBTAIN INFORMATION FORM

1. _____
Name Relationship – most recent person with whom you have lived home & work phone
2. _____
Name Relationship home & work phone
3. _____
Name Relationship home & work phone
4. _____
Name Relationship home & work phone

I, _____, give consent to St. Ambrose Housing Aid Center to obtain information regarding my request to become a Homesharer for the Homesharing Program. I understand that this information is needed to determine my eligibility and ability to serve as a Homeowner/Homeseeker for the Homesharing Program. I understand that I am not entitled to any information that is provided about me and I waive any rights that I might have under Article 76A of the Annotated Code of Maryland (Public Information) and the Federal Privacy Act to see or review the information provided. I also understand that this information may be given to a prospective Homeowner/Homeseeker.

Signature of Applicant

Signature of SAHAC Staff

Date

Click here to submit this completed form by email: