

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	

Please complete this form and bring it with you to your appointment at St. Ambrose.