

**COMMITTED AFFORDABLE FOR-SALE UNITS PROGRAM
CONSENT TO EXCHANGE INFORMATION**

By signing this form, I authorize employees of the Office of Housing and Community Development, or its agents, to discuss and provide all documentation of Applicant's information with agents of all agencies and entities listed below as a participant in the Committed Affordable For-Sale Units Program for purposes of obtaining a Certificate of Eligibility and subsequently being eligible to apply to purchase an affordable housing unit in the Program. (MUST HAVE A SIGNED FORM FOR ALL ADULT HOUSEHOLD MEMBERS)

I, _____
(Full printed name of Applicant)

(Applicant's Address) (Applicant's Birth Date) (Applicant's SSN)

My relationship to the client is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I authorize the following confidential information about the client to be exchanged:

- Yes No **Financial Assessment and Financial Counseling Information**
- Yes No **Employment Records/Verification**
- Yes No **Benefits/Services Needed/Planned and/or Received**
- Yes No **Mortgage Financial Information**
- Yes No **Mortgage and/or Rental Verification Information**
- Yes No **Homeowners Insurance**
- Yes No **Other** _____

**Prince William County Office of Housing and Community Development (OHCD)
15941 Donald Curtis Drive #112, Woodbridge, VA 22191
Ivette Monney – imonney@pwcgov.org**

And the following other agencies to be able to exchange this information:

- Prince William County member agencies and employees of and to include:*
- a. *Office of Housing and Community Development (OHCD)*
 - b. *Social Security Administration*
 - c. *Department of Social Services and/or Division of Child Support Enforcement*
 - d. *Virginia Cooperative Extension – Prince William County*
 - e. *Virginia Housing (VH) or another Mortgage Lien Provider(s)*
 - f. *Insurance Agency providing Homeowners Insurance*
 - g. *Other Agencies as determined based upon Applications Information:*

Information may be exchanged by written, computerized and verbal methods.

I understand that this consent is valid while I am an applicant for the Program's Certificate of Eligibility, while I am on the Programs waitlist, and if a successful purchaser of an affordable housing unit, until the affordability period ends. I have the right to know what information has been shared, why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies and/or organizations listed to accept a copy of this form as a valid consent to share information.

Signature(s): _____ (Consenting Person) _____ (Date)