



UPTOWN PROPERTIES

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to MCC Group any information or materials needed to complete and verify my application for housing, verify my income to qualify for housing and continued qualification under:

- | | |
|-------------------------------|--|
| Conventional Housing Programs | Rental Assistance Payment (RAP) |
| Low Income Tax Credits | Section 236 |
| Rent Supplement | Section 8 Housing Assistance Payment Program |

I give my consent for the releases also for the minor children in my care, who live with me or not. I understand and agree that this authorization of information obtained with its use may be given to and used by MCC to administer and enforce program rules and policies.

INFORMATION COVERED

I understand that depending on the program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- | | |
|--------------------------------|---------------------------------|
| Identity & Marital Status | Employment, Income & Assets |
| Credit & Criminal Activity | Medical or Child Care Allowance |
| Residences and Rental Activity | Social Security Numbers |

I understand that this information cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the rental of housing.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the information (depending on program requirements) include, but are not limited to:

- | | |
|---|--|
| Current and/or Previous Landlords
(Includes Public Housing Agencies) | Past and Present Employers
Welfare Agencies |
| Support and Alimony Providers | Courts and Post Offices |
| Banks & Financial Institutions | Schools & Colleges |
| Credit Providers & Credit Bureaus | Veterans Administration |
| Medical & Child Care Providers | Retirement Systems |
| State Unemployment Agencies | Utility Companies |
| Social Security Administration | Law Enforcement Agencies |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that MCC Group may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found, and a chance to disprove that information. MCC Group may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency and State Welfare and Food Stamp agencies.

ADDITIONAL AUTHORIZATION

I/We further authorize Data Stat, Inc, to provide to MCC Group, and to any potential investor or insurer of this credit transaction, state records of employment, including information reported by individual employers to the state, and income history, including State Employment Security Agency Records. This information is for this credit/rental transaction only and continues in effect for 365 days from the date of applicant(s)'s execution of this consent unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed 365 days, allowed by law. I/We understand that our refusal to consent shall not be the basis for the denial of credit and that my/our decision to disclose is voluntary and not required by law.

CONDITIONS

I agree that a photo or a duplicate copy of this original authorization may be used for the purposes stated above. This authorization will stay in effect for 365 days from the date signed.

I give my permission to the Owner/Management, Agent and Assignee(s) listed on this form to give and receive information about me/us to and from any county or government human service agency. I know my records are protected by State and Federal privacy laws. I must give written consent before records can be released or disclosed, unless the law allows it. I know that I do not have to consent to this release.

_____	_____	_____
Print FULL Name of Applicant	Applicant's Signature	Date
_____	_____	_____
Applicant's Social Security Number	Management/Agent's Signature	Date
_____	_____	_____
Print FULL Name of Co-Applicant	Co-Applicant's Signature	Date
_____	_____	_____
Co-Applicant's Social Security Number	Management/Agent's Signature	Date