



## Release of Information (ROI) Form

**Purpose:** To authorize JEDC to collect, verify, and share information necessary to determine eligibility for SAP and/or HAF assistance in partnership with the Alaska Housing Finance Corporation (AHFC).

**Applicant Name:**

**Co-Applicant Name (if applicable):**

**Property Address (Primary Residence):**

**Mailing Address (if different):**

**Phone:**

**Email:**

**Preferred Contact Method:**  Phone  Email  Mail

I authorize the Juneau Economic Development Council (JEDC), its employees, and designated partners to request, receive, verify, and share information necessary to determine my eligibility for the **Senior Access Program (SAP)** and/or the **Homeowner Assistance Fund (HAF)**.

This authorization permits the exchange of information with the following parties:

- Alaska Housing Finance Corporation (AHFC)**
- Mortgage servicers / lenders (HAF requirement)**
- Landlords / Property managers (SAP renter requirement)**
- Employers or income sources**
- Public assistance agencies (SSA, VA, State of Alaska, etc.)**
- Utility providers (HAF requirement)**
- Licensed contractors performing assessments or repairs**

This release includes, but is not limited to, the following types of information:

- **Identity verification** (government-issued ID required for HAF)
- **Income verification documents** such as tax returns, W-2/1099, benefit letters, pension, PFD, bank statements —used to establish SAP ≤100% AMI

eligibility and HAF ≤150% AMI eligibility.

- **Homeownership verification** (mortgage statements, deed) required for HAF
- **Residency verification** (SAP requires primary residence)
- **COVID-related hardship documentation**, including self-attestation required under HAF program rules
- **Utility, insurance, property tax, or arrearage information** (HAF allowable expenses)
- **Home condition details** gathered during assessments for required accessibility and life-safety repairs under SAP

I understand that this information is required to process my application for funding and that failure to provide requested documentation may delay or affect eligibility determination.

### **PURPOSE OF DISCLOSURE**

Disclosure of my information is authorized solely for purposes of:

- Determining eligibility for SAP and/or HAF
- Verifying income, age, ownership, residency, and COVID hardship factors
- Conducting home assessments to identify eligible accessibility modifications and life-safety repairs
- Coordinating contracting, payment, inspection, and reporting requirements
- Meeting AHFC compliance, audit, and record-retention requirements

### **DURATION OF THIS RELEASE**

This Release of Information is valid from the date of signature below and remains in effect **until completion of my SAP or HAF case**, including final inspection and payment closeout, unless revoked in writing.

I understand I may withdraw this authorization at any time by submitting a written request to JEDC, but withdrawal may affect my eligibility or prevent my application from being processed.

### **APPLICANT CERTIFICATION & SIGNATURE**

I certify that I have read and understand this Release of Information form. I authorize disclosure and verification of the information described above. I understand that providing false or misleading information may result in denial of assistance, repayment obligations, or legal penalties.

**Applicant Signature:**

[Redacted Signature]

**Date:**

[Redacted Date]

**Co-Applicant Signature (if applicable):**

[Redacted Signature]

**Date:**

[Redacted]

**Legal Guardian/Conservator (if applicable):**

[Redacted]

**Date:**

[Redacted]

**JEDC USE ONLY**

**Program(s) Applied For:**  SAP  HAF  Dual Funding

**Intake Staff:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_