The applicant authorizes the Squaxin Island Tribe, Office of Housing to contact a tribal enrollment department, employer, mortgage company, utility service or any other expense source listed on the HAF application, if deemed necessary to process the applicants' application.

Any person or firm is authorized to release information to the Squaxin Island Tribe, Office of Housing about the undersigned upon presentation of this form or photocopy of this form at any time.

Applicant name printed	Date	
Applicant signature		