

**WICHITA AND AFFILIATED TRIBES  
AMERICAN RESCUE PLAN ACT (ARPA) DEPARTMENT  
HOMEOWNER ASSISTANCE FUND PROGRAM**

**Applicant Authorization for Release of Information**

I, \_\_\_\_\_, (“Applicant”) am applying for certain financial assistance from the Wichita and Affiliated Tribes ARPA Department under the Homeowner Assistance Fund Program. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Wichita and Affiliated Tribes ARPA Department listed below.

Name and address of person or entity possessing information regarding Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address and contact person to whom information is to be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the Wichita and Affiliated Tribes ARPA Department. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date