

**AUTHORIZATION TO RELEASE INFORMATION**

**To Michigan State Housing Development Authority and Developer/Grantee ("Developer"):**

I, the individual listed below as the Head of Household, along with any below listed household member(s) am/are a current tenant(s) of the residence located at \_\_\_\_\_, \_\_\_\_\_, Michigan (the "Property") and am/are an applicant(s) or participant(s) in the Missing Middle Housing Program (the "MMHP"). The MMHP is federally funded through the United States Department of the Treasury's American Rescue Plan Act Coronavirus State and Local Fiscal Recovery Fund ("ARP-SLFRF") and is administered by the Michigan State Housing Development Authority ("MSHDA") which awarded grant funds to \_\_\_\_\_ (Developer) to construct or acquire and rehabilitate attainable housing, including the Property. In order to be eligible to live in the Property which has benefited from this MMHP grant funding, my household's income information is collected along with other information in my/our program file including my/our address, household size, household member names, and photographs. I/we hereby provide consent to MSHDA and the Developer for the release of this program file information for marketing and program reporting purposes. This consent does not extend to such information being otherwise disclosed or released outside of MSHDA or the Developer, except as permitted or required by law. MSHDA and the Developer will protect the program file information in accordance with any applicable State privacy law.

Signatures:

Date:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Other Family Member/Occupant over age 18

\_\_\_\_\_  
Other Family Member/Occupant over age 18

\_\_\_\_\_  
Other Family Member/Occupant over age 18

\_\_\_\_\_  
Other Family Member/Occupant over age 18