



**CITY OF GRAND RAPIDS  
HOUSING REHABILITATION PROGRAM  
AND LEAD HAZARD CONTROL PROGRAM  
AUTHORIZATION TO VERIFY INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Last 4 digits of Social Security Number:** XXX-XX- \_\_\_\_\_

I am an applicant for property rehabilitation assistance under the Community Development Act of 1974 and/or the Lead Hazard Control Program, or am an adult member of an applicant's household, and I hereby authorize the City of Grand Rapids Community Development Department:

- 1) To obtain a credit report in my name.
- 2) To verify my income and employment information.
- 3) To verify any and all other information necessary to establish the applicant's eligibility to receive property rehabilitation assistance.

I understand information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive Housing Rehabilitation Program and/or Lead Hazard Control Program assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date