AUTHORIZATION FOR SPECIFIC CONFIDENTIAL COMMUNICATIONS

Your housing information is confidential. In order to discuss or answer questions about your housing assistance with anyone, such as your spouse/significant other, adult child, etc., the Gun Lake Tribe Citizen Asset Management Department ("CAM Department") needs your "Authorization". If you choose, you may indicate that you do not want us to discuss your housing information with anyone by writing **"NONE"** on one of the lines below and signing this form. If you choose NONE, a notary signature is not required. Otherwise, please indicate below the name, relationship, telephone number and information that you authorize to be released. I authorize the CAM Department to disclose the following confidential housing information to:

Name	Relation	Phone Number
		( ) -
		( ) -
		( ) -

Check the box(es) next to the information you want released to those listed above.

- ☐ Application
- ☐ Lease Information
- ☐ Personal Identifying Information
- ☐ Financial (Bank Statements, Employment, Other)
- ☐ Criminal Background Information
- ☐ Household History
- ☐ Medical
- ☐ Benefits Received
- ☐ Eligibility Determination Information
- ☐ Housing Agreements
- ☐ Third Party Verification Information
- ☐ Confidential Correspondences
- ☐ Legal (Order of Support, Divorce Decree, Other)
- ☐ Other _____

This Authorization shall be in force and effect and does not expire until it is revoked in writing. I understand that I have the right to revoke this Authorization in writing at any time by sending such written notification to: CAM Department, 2872 Mission Drive, Shelbyville, MI 49344.

Name (Last, First, Middle)	Notary (must be different from user and approving official) *(Signature, and Date Notarized (mm/dd/yyyy)*
Social Security Number DOB (mm/dd/yyyy)	
Signature	