

# SC HOUSING

*Financing Housing. Building SC.*

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Federal and state privacy laws protect you from unauthorized use and sharing of certain personal information. However, if you have requested that a third party assist you with a personal issue concerning SC Housing or a program it administers, you can authorize this third party to have access to your information in order to work on you behalf.

In the box below, please explain your situation or request and provide any relevant information. Feel free to attach relevant documents, copies or other materials that support your claim. Please include any application number, loan number, etc.

*I understand that by signing below, I am authorizing SC State Housing Finance and Development Authority (SC Housing) to share information about the above situation or request with \_\_\_\_\_ and his/her/their staff. I understand that this release will automatically expire 90 days from the date below unless another date is specified here: \_\_\_\_\_.*

Name (Printed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_