I, (print name) the undersigned, hereby authorize the release of information without liability, information regarding my employment, income, and/or assets to Okaloosa County, for the purposes of verifying information provided as part of determining eligibility for assistance under the SHIP and NSP programs administered by Okaloosa County. I understand that only information necessary for determining eligibility can be requested.

*Types of Information to be verified:*

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

*Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:*

* Past/Present Employers
* Alimony/Child Support Providers
* Banks, Financial or Retirement Institutions
* Social Security Administration
* Unemployment Agency
* Veterans Administration
* Welfare Agency
* Other:

*Agreement to Conditions:*

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

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