

Kawerak Inc.
Housing Improvement Program
Consent For
Release of Financial Information

I / We do here by give my consent to release to Kawerak, Inc. Housing Improvement Program (HIP) any and all personal financial information they may desire for the purpose of my obtaining housing assistance.

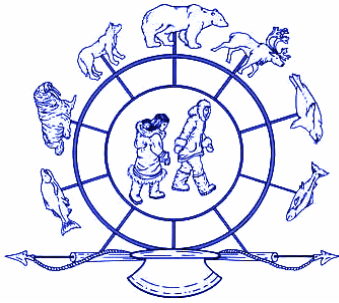
In the essence of cooperation Kawerak Inc. HIP may share this confidential financial information with another housing agency for the purpose of assisting me to obtain housing assistance.

Please provide any information they may require.

Thank you,

Print Name

Signature



Print Name

Signature

Address

Date