WDTSP
Eligibility Release Form

Organization requesting release of information
Northern Marianas Technical Institute
P.O.Box 504880, Saipan MP 96950
Tel: (670) 235-6684
Date:_____

Purpose: **Your signature on this WDTSP Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:**

Workforce Development Training Scholarship Program

Privacy Act Notice Statement: **The Department of Housing and Urban Development (HUD) through the CDBG-DR is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG-DR funded program and the amount of assistance necessary using CDBG-DR funds. This information will be used to establish level of benefit received through the WDTSP which is funded by the CDBG-DR Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.**

Instructions: **Each adult member of the household must sign a WDTSP Eligibility Release Form prior to the receipt of benefit.**

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)	**X**	
Assets (all sources)	**X**	
Child Care Expense	**X**	
Handicap Assistance Expense (if applicable)	**X**	
Medical Expense (if applicable)	**X**	
Other (list) 1. DEBTS 2. FEDERAL ASSISTANCE (WIC, NAP, LIHEAP, MEDICAID	**X**	
Dependent Deduction **_____ Full-Time Student** **_____ Handicap/Disabled Family Member** **_____ Minor Children**	**X**	

Authorization: **I authorize the Northern Marianas Technical Institute to obtain information about me and my household that is pertinent to eligibility for participation in the WDTSP Program.**

I acknowledge that:

(1) A photocopy of this form is as valid as the original.

(2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).

(3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

(4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

x

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4

X