**AFFIRMATION/DECLARATION**
**THIRD PARTY AUTHORIZATION FOR RELEASE OF RECORDS / INFORMATION**

This is to affirm that I, _____,
(PRINT FULL NAME)

understand that any request for records maintained by the **Department of Housing and Urban Development** that pertain to an individual must have this form completed and returned before any records can be released.

My present address is:
_____.

My date of birth is: _____.

My citizenship status[1] is: _____.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than $10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than $5,000.

Executed on _____.
(DATE)

_____.
(SIGNATURE OF AFFIRMANT/DECLARANT)

In the case of third party requests, this portion must also be signed and completed by the individual(s) requesting any records that does not pertain to him/her.

**I hereby authorize _____access to my records**.
(PRINT FULL NAME)

**I request that any located and disclosable records be released to the following individual:**

_____at the following address:
(PRINT FULL NAME)
_____.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than $10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than $5,000.

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Executed on _____. (DATE)

_____. (SIGNATURE OF AFFIRMANT/DECLARANT)

**HUD FHA CASE#:** _____

**PROPERTY ADDRESS** _____

**IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal in said State and County on the day and year last above written.**

**Notary Seal**

_____

**(Signature of Notary)** **Date**

**My Commission Expires:**

Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.