

Emergency Rental  
Assistance Program (ERAP)  
Release of Information



**TNHA**  
TAGIUGMIULLU NUNAMIULLU HOUSING AUTHORITY

APPLICANT AUTHORIZATION FOR RELEASE OF AUTHORIZATION

I, \_\_\_\_\_, [print name] ("Applicant") am applying for certain housing assistance services from *Tagiugmiullu Nunamiullu Housing Authority (TNHA)*. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to TNHA listed below.

Name and address of person or entity possessing information regarding Applicant:

Landlord

Utility Provider

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Name, address, and contact person to whom information is to be released:

Tagiugmiullu Nunamiullu Housing Authority

Attn: Housing Services

PO Box 409

Utqiagvik, AK 99723

(907)852-7150

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the TDHE/Tribal Housing Program named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date