

LIGHTHOUSE COMMUNITIES HOUSING SERVICES PROGRAM

Release Form

I, _____, have given Lighthouse Communities, Inc permission to use my photo and name for possible usage in print, web or tv materials. It may be used in agency displays and/or fund raising or for required reporting to a Federal, State or local agencies that we may be receiving funds from. (HUD, Fannie Mae, etc.). The program to which this photo and/or statement is associated with, as I am a participant of that program is:

_____ Rental Housing/Certified Renters Program

_____ Healthy Neighborhoods (Beautification)

_____ Neighborhood Revitalization Strategy Area (NRSA)

_____ Neighborhood Housing Fund (NHF)

_____ Housing Programs (Home Ownership/Lease with option)

_____ Housing Counseling (pre-purchase, home ownership, post purchase, mortgage delinquency, foreclosure)

Please specify which program: _____

Client (Print) _____ Date _____

Client (Signature) _____ Date _____

Witness (Signature) _____ Date _____

LIGHTHOUSE COMMUNITIES

Hello, future
homeowner.

