DATA PRIVACY RIGHTS
OF APPLICANTS FOR MVAC PROGRAMS

Under current Federal and State legislation your right to privacy is protected. MVAC is asking you to supply us with private information concerning you, your family, and household. By Law you do not have to provide this information. MVAC needs information about you to determine if you can get help from any program. Without information about your household, MVAC may not be able to help you and the help may be late or less than what you may be eligible to receive. The purpose for this information is to inform you of eligibility for all programs at MVAC. MVAC may use information to research, plan, and evaluate programs. Information is used in determining compliance with Federal and State regulation’s. MVAC will use this information to make statistical and demographic reports to different agencies and funding sources. Never will information that identifies you or any member of your household be revealed unless you give your written permission. MVAC will also use this information to develop a mailing list. MVAC will use the mailing list to update you on the programs and program changes. At no time will the mailing list be revealed to anyone outside MVAC. To assure that you are being served properly only MVAC Staff whose jobs require the information will have access to it.

MVAC may share this information with federal, state and local agencies, community-based organizations, local and state public and private human service agencies, and state and local educational programs, as allowed by law.

This Agency will keep this information for seven years from the last date updated with you or until program audits are complete. You have the right to review your records at any time to request changes.

**************
I consent to Minnesota Valley Action Council (MVAC)’s use of personal information contained in this form, subject to MVAC’s Confidentiality Policy, to determine my (or my child’s) eligibility for and provide me (or my child) with services for which I am (or my child is) eligible from any program or department of MVAC.

(Please Print) First and Last Name: ________________________________

Signature: __________________________________ Date: _____ / _____ / _____
My signature certifies that I have read and understand the data privacy rights on this form.

If signing on behalf of a child, print child’s name:

______________________________

Revised 3/2020
BORROWER’S AUTHORIZATION AND QUALITY CONTROL RELEASE

The undersigned, in connection with an application for a mortgage loan, hereby agree (s) and authorizes Minnesota Valley Action Council, its agents, successors or assigns as follows:

1. To verify my past and present employment earnings records, past and present employment status, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan applications. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers, federal or state records including state employment security agency records; or other sources as required.

2. To obtain a consumer credit report and verify other credit information, including past and present mortgages and landlord references, as is appropriate.

Additionally, I understand that for up to one year after my loan closes my file may be selected by Minnesota Valley Action Council, its agents or assigns, for a Quality Control Review. Such a review is intended to ensure quality service and to verify that the mortgage conforms to lending regulations and investor requirements. Such a review involves the re-verification of the credit and employment information previously obtained, and may also involve review of the property appraisal report. It is understood that any information obtained in the granting of my loan may be re-verified with third parties such as credit reporting agencies, employers, depository institutions, etc.

It is understood that a photocopy of this Borrower’s Authorization and Quality Control Release form shall be considered that same as if it were the original and carries my full authorization to release the information requested.


Borrower:_____________________________ Date:_________________

Co-Borrower:_____________________________ Date:_________________