



CLIENT INFORMATION AUTHORIZATION

Date: _____

Client I.D./Social Security #: _____

I (Client name) _____ do hereby give permission to Better Family Life, Inc. (BFL), a certified HUD Counseling Agency, to release/request any and all information pertaining to Housing or related field to _____ (BFL's Housing Counselor).

Client Name
(Please print) _____

Client Signature _____

**Better Family Life, Inc.
Housing & Asset Development Department
5415 Page Blvd. Suite 204
St Louis, MO 63112
Phone (314) 367-1843/fax (314) 669-9413**