



Community Connections Home Buyer Assistance Program

Waiver for Career Service Employees

I hereby consent to the release of information contained in my personnel and disciplinary records by the Chicago Department of Human Resources to the City of Chicago Department of Housing in connection with my application for assistance under the Community Connections Home Buyer Assistance Program.

Signed: _____

Print Name: _____

Bargaining Unit/Laborer's Local #: _____

Date: _____