



AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and violation of my lease or PHA policies.

INFORMATION COVERED:

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested but are not limited to:

Identity/Martial Status/Employment/Income/Assets/Residences/Rentals Activity/Childcare Allowances/Credit/Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous Landlords (including Public Housing Agencies)/Past & Present Employers/Law Enforcement Agencies/Retirement Systems/Courts & Post Offices/Child Care Providers/Child Support Providers/Alimony Support Providers/Utility Companies/Schools/Colleges/Welfare Agencies/State Unemployment Agencies/Banks/Financial Institutions/Credit Providers/Social Security Administration/Veterans Administration/Insurance Providers

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties, exchange such automated information with other Federal, State, or Local Agencies, including but not limited to State Employment Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp agencies.

CONDITION:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Other Adult

Print Name

Date

Signature of Other Adult

Print Name

Date