

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization Requesting Release of Information

Property Name/Address:

Phone #: _____

Date: _____

Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Information Covered Inquiries may be made about:

Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets
Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History

Individuals or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Social Security Administration
Veterans Administration
Welfare Agencies
Utility Companies
Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Landlords, Past and Present
Providers of:
Social Security Benefits
Veterans Benefits
Public Assistance
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges

Authorization

By my signature below, I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. Information obtained under this consent is limited to information that is no older than 12 months.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

Applicant/Tenant Authorizing Release of Information

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____