

Instructions: All household members 18 years or older must sign below.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation 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 any violation of my lease of PHA policies.

INFORMATION COVERED

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

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|-----------------------------------------------|----------------------------------------|
| Identify Landlords (Including Public Housing) | Past and Present Employers |
| Courts and Post Offices | Income Support Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical and Child Care Providers | Support and Alimony Providers |
| Retirement System | Veterans Administration |
| Utility Companies | Banks and other Financial Institutions |
| Credit Providers and Credit Bureaus | |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the 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 I have a right to notification of any adverse information with other Federal, State, or local agencies, including but limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; US Postal Service; Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

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 which I can prove incorrect. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Head of Household Signature	Print Name	Date
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Spouse Signature	Print Name	Date
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Adult Member Signature	Print Name	Date
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THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN, IF A COPY OF A TAX RETURN IS NEEDED, USE IRS FORM 4506.