

Authorization For Release of Information

CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to 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) and or the United States Department of Agriculture/ Rural Development (USDA/RD) in administering and enforcing program rules and policies. I also consent for HUD, USDA/RD or the manager to release information from my life about my rental history, and any violations of my lease or occupancy 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 include but are not limited to:

- | | |
|----------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

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

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file in the management office 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.

SIGNATURES:

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN, IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.