# Authorization for the Release of Information

U.S. Department of Housing & Urban Development Office of Housing Office of Public & Indian Housing



Organization requesting release of information (name, address, telephone, & date):

This form cannot be used to request a copy of a tax return. Instead use IRS form4508, Request for a Copy of Tax Form.

### Purpose

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

#### Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-income Rental Indian Housing
Low-income Rental Public Housing
Mutual Help Homeownership Opportunity Program
Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Program
Section 23 and 10(c) Leased Housing
Section 23 Housing Assistance Payments
Section 202
Section 202
Section 221(d)(3) Below Market Interest Rate
Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

## 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 Maritial 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:

Banks and Other Financial Institutions

Courts

Law Enforcement Agencies

Credit Bureaus

Employers, Past and Present

Landlords

Providers of:

Alimony

Child Care

Child Support

Credit

Handicapped Assistance

Medical Care

Pensions/Annukies

Schools and Colleges

U. S. Social Security Administration

U. S. Department of Veterans Affairs

**Utility Companies** 

Wallare Agencies

## Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

U. S. Office of Personnal Management

U. S. Social Security Administration

U. S. Department of Defense

U. S. Postal Service

State Employment Security Agencies

State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

#### Conditions

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

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

Signature, Printed Name of the Head of Household & Date.

Signature, Printed Name of Spouse Other Adult Member of the Household & Date:

X

Signature, Printed Name of Other Adult Member of the Household & Date:

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Signature, Phinted Name of Other Adult Member of the Household & Date:

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X