

AUTHORIZATION FOR THE RELEASE OF INFORMATION

DATE: \_\_\_\_\_

NAME/ADDRESS OF AGENCY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZATION:

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

AGENCY NAME: \_\_\_\_\_

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 program. The inquiries may be made about the following:

- |                              |                        |
|------------------------------|------------------------|
| Credit History               | Mortgage Payment       |
| Employment, Income, Pensions | Utilities              |
| Welfare Assistance           | Federal or State Taxes |
| Child Support                | Life Insurance         |
| Social Security              | Hazard Insurance       |
| Bank Deposits and Assets     | Flood Insurance        |

I authorize the release of information from the following organization(s):

- Banks/Other Financial Institutions
- Credit Bureaus
- Employers (Past and Present)

- |               |                        |                                     |
|---------------|------------------------|-------------------------------------|
| Providers of: | Alimony                | State Employment Agencies           |
|               | Child Support          | State Welfare Agencies              |
|               | Handicapped Assistance | U.S. Social Security Administration |
|               | Pensions/Annuities     | U.S. Dept. of Veteran Affairs       |
|               | Schools/Colleges       | Utilities Companies                 |

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

\_\_\_\_\_  
SIGNATURE

Original is retained by the requesting organization.

