

## CONSENT FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to HOCKING METROPOLITAN HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance programs. I understand and agree that this authorization of 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.

### 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:

Identity and Marital Status	Employment, Income, and Assets
Medical and Childcare Allowances	Credit and Criminal Activity
Residences and Rental Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

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

### 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 that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, and the U.S. Postal Service, the Social Security Agency, and State welfare and food stamp agencies.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in affect for a year and on month form the date signed

### SIGNATURES

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date