AUTHORIZATION FOR RELEASE OF INFORMATION

Household Name:_____ Unit #:_____

Address:_____ City:_____

Certification Type:_____ Effective Date:_____

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, Section 42, 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), Low Income Housing Tax Credit (LIHTC) 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, LIHTC, USDA/RD or the manager to release information from my file 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
Activity Residences and Rental Activity
Employment, Income, and Assets
Credit and Criminal Check

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:

Previous Landlords
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Veterans Administration
Banks and Other Financial Institutions
Credit Providers and Credit Bureaus
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Support and Alimony Providers
Retirement Systems
Utility Companies
Social Security Administration

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original copy of this 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**
Adult Household Member	**Print Name**	**Date**
Adult Household Member	**Print Name**	**Date**
Adult Household Member	**Print Name**	**Date**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this consent form. Use of the information collected based on the consent form: Use of the information collected based on this authorization form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by neglectful disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer of employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208(a)(6)(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6)(7)(8).