

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to SAWYER COUNTY HOUSING AUTHORITY any information or materials needed to complete 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) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA 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 | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal 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.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

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

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

**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 with other Federal, State, or local agencies, including but not limited to: State Employment Security agencies; Department of Defense; Office of Personnel Management; 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 purposes stated above. The original of this authorization is on file with the PHA 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.

_____	_____	_____
<i>Head of Household</i>	<i>Print Name</i>	<i>Date</i>

_____	_____	_____
<i>Spouse/Co-Tenant</i>	<i>Print Name</i>	<i>Date</i>