



MARIETTA HOUSING AUTHORITY

AUTHORIZATION FOR RELEASE OF INFORMATION



By my signature below, I hereby authorize the above named organization and HUD to obtain information about me and my family that is deemed necessary in order to complete or verify my application for and/or eligibility for continued assistance under any HUD funded housing program. The information requested may include but is not limited to the following:

- IDENTITY, RESIDENCY (Present and Past), EMPLOYMENT INCOME, SOCIAL SECURITY NUMBERS, UNEMPLOYMENT COMPENSATION, MARITAL STATUS, CREDIT HISTORY, PENSIONS, CHILD CARE EXPENSES, ALLOWANCES, HOUSEHOLD MEMBERS, CRIMINAL HISTORY, ASSETS, MEDICAL EXPENSES, FEDERAL/LOCAL PREFERENCE

Organizations who may be contacted may include but are not limited to the following:

- BANKS/FINANCIAL INSTITUTIONS, LANDLORDS, US POSTAL SERVICE, LAW ENFORCEMENT AGENCIES, EMPLOYERS (Present and Past), EMPLOYMENT SECURITY COMMISSION, COURT PERSONNEL, CREDIT BUREAUS

Providers who may be contacted may include but are not limited to the following:

- ALIMONY, CREDIT, DEPT OF VETERAN AFFAIRS, SCHOOLS/COLLEGES, CHILD SUPPORT, MEDICAL CARE/EXPENSES, HANDICAP ASSISTANCE, UTILITY COMPANIES, CHILD CARE, PENSIONS/ANNUITIES, WELFARE AGENCIES, SOCIAL SECURITY ADMIN.

I understand that the Department of Housing and Urban Development [HUD] may conduct computer-matching programs in order to verify the information reports supplied on my application or re-certification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD in the administration and enforcement of Program rules and regulation. Also, that HUD may, in the course of its duties, obtain such information from other governmental agencies including Federal, State, Tribal or Local agencies. These agencies include but are not limited to [1] US Department of Personnel Management, [2] US Social Security Administration, [3] US Department of Defense, [4] US Postal Service, [5] State Employment Security Agencies and [6] State Welfare and Food Stamp Agencies.

One form to be completed by each member of the household that is 18 years of age or older:

Print Name of Adult Family Member, Date of Birth, Social Security Number, Race, Sex, Current Address (Not Mailing Address), City and State, Zip

Client Certification: It is my understanding and consent that this release may be used during the entire length of my Program participation and that a photocopy of this authorization may be used for the purpose(s) stated above.

(X) Signature, Date

MHA USE ONLY: Background Check Approved, Date