

Abingdon Redevelopment & Housing

190 E Main Street, Ground Floor

Abingdon, Virginia 24210

(276) 628-5661 Fax (276) 628-3494

Public Housing & Housing Choice Voucher Program

AUTHORIZATION TO RELEASE INFORMATION

The person listed below is an applicant/participant of a housing assistance program of the U.S. Department of Housing and Urban Development (HUD). HUD requires Housing Authorities to obtain third (3rd) party verification information that is used in determining this person's eligibility or level of benefits.

I, _____, do hereby authorize the Abingdon Redevelopment & Housing Authority and Staff to contact any Agencies, Offices, Individuals, Groups, Financial Institutions, Medical Facilities, or Organizations to obtain any information or material to verify such data as may be deemed necessary for my participation in any Department of Housing and Urban Development Housing Assistance payments program. Any request for medical verification is based on information supplied to the Housing Authority staff by me. The Housing Authority is required by law to strictly adhere to all rules & regulations regarding the Privacy Act.

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

DO NOT WRITE BELOW DOTTED LINE

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I FURTHER CERTIFY THE ABOVE TO BE TRUE AND EXACT COPY OF THE ORIGINAL AUTHORIZATION THE FILE OF _____ IN THE RECORDS OF THE ABINGDON REDEVELOPMENT & HOUSING AUTHORITY.

ARHA EMPLOYEE SIGNATURE

DATE