

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to The Housing Authority of the City of Kirksville release to 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.

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 Employment, Income, and Assets Credit and Criminal Activity Medical or Child Care Allowances 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.

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

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; 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. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

_____	_____	_____
Head of Household	(print name)	Date
_____	_____	_____
Spouse/Adult	(print name)	Date
_____	_____	_____
Adult Member	(print name)	Date