AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant/Tenant	Name of Community	
Address of Applicant/Tenant	Community Address	
City, State, Zip	City, State, Zip	

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- *Section 221 BMIR
- *Rent Supplement
- *Section 236
- *DHCR
- *LIHTC Program

- *Rent Assistance Payments (RAP)
- *Section 8 Housing Assistance
- **Payments Programs**
- *HFA

I give my consent for the release also for the minor children in my care who live with me. 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) and Rural Development (RD) in administering and enforcing program rules and 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 Expenses

Credit and Criminal Activity

Social Security Numbers

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

Public Housing Agencies

Welfare Agencies

Post Offices

Banks and Financial Institutions

Social Security Administration

Support and Alimony Providers

Utility Companies

Past and Present Employers

Veterans Administration

Retirement Systems

State Unemployment Agencies

Schools and Colleges

Credit Providers and Credit Bureaus

Medical and Child Care Providers

Realtors and Insurance Agencies

Authorization for Release of Information, cont.

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification 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 incorrect information. HUD or the PHA 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. The original of this authorization is on file with 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 correct.

Head of Household		
Signature	Print Full Name	Date
Co-head of Household		
Signature	Print Full Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

*Section 8 Housing Assistance Payments Programs

- ♦ Loan Management Set-Aside
- New Construction and Substantial Rehabilitation
- Property Disposition Set-Aside
- ♦ Existing "Certificate" Housing
- Housing Vouchers
- ♦ 515/8 Farmers Home Administration
- (Projects HUD formerly owned and Moderate Rehabilitation sold with project based Section 8 Contracts)

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, the PHA and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification 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 negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA 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 at 42 u.s.c. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h

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