

**HANCOCK COUNTY HOUSING AUTHORITY**

**P.O. Box 472**

**Dallas City, Illinois 62330**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State or local agency, organization, business or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8/Existing, 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 HUD in administering and enforcing program rules and policies. I also consent for HUD or the Public Housing Authority (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 violation of my lease or PHA policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

- |                                 |                                |
|---------------------------------|--------------------------------|
| Identity                        | Employment                     |
| Medical or Childcare allowances | Credit History                 |
| Criminal Activity               | Residences and Rental Activity |

**GROUP OR INDIVIDUAL**

The groups or individuals that may be asked to release the above information includes, but are not limited to:

- |                             |                                      |
|-----------------------------|--------------------------------------|
| Previous Landlords          | Past and Present Employers           |
| Public Housing Agencies     | Welfare Agencies                     |
| Courts and Post Offices     | State Unemployment Agencies          |
| Schools and Colleges        | Social Security Administration       |
| Law Enforcement Agencies    | Support and Alimony Providers        |
| Medical/Childcare Providers | Veteran's Administration             |
| Retirement Systems          | Banks and other Lending Institutions |
| Utility Companies           | Credit Providers and Credit Bureaus  |

**COMPUTER MATCHING AND CONSENT**

I understand and agree that HUD or the PHA may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have the 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 Personal Management, The U.S. Postal Service, the Social Security Administration 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. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
Head of Household                      Date

\_\_\_\_\_  
Spouse                                      Date

\_\_\_\_\_  
Adult Member                              Date

\_\_\_\_\_  
Adult Member                              Date

\_\_\_\_\_  
PHA Official                                  Date