

AUTHORIZATION FOR THE RELEASE OF INFORMATION TO:

The Housing Authority of the City of Clay Center
Phone: 1-785-632-2100

330 West Court Street
Fax: 1-785-632-6363

Clay Center, KS 67432

I authorize the release to the above named organization of any information (including documentation and other materials) pertinent to eligibility for or participation in their Rural Development or HUD Low-Income Housing projects.

Information Covered Inquiries may be made about:

Employment, Income, Pensions, and Assets
Handicapped Assistance Expenses
Federal, State, Tribal, or Local Benefits

Criminal Activity
Medical Expenses
Credit Histories

*Individuals or Organizations that may release information:

Providers of: Alimony, Child Support, Handicapped Assistance, Medical Care, Pensions/Annuities

Banks and Other Financial Institutions
Pharmacies (most recent 12-mo.expense)

Courts
Credit Bureaus

Employers, Past and Present

Landlords

U.S. Social Security Administration

Utility Companies

U.S. Department of Veterans Affairs

Welfare Agencies

Law Enforcement Agencies

FBI Records of Fingerprints

Other Notices and Consents:

I agree that the organization named above may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by the family. I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE OF MATE _____ DATE: _____

The section below is for applicants only unless re-certification residents have made changes to report:
BANKS/FINANCIAL ORGs. w/address and phone numbers if available:

PHARMACY: (We can request local information but acquiring out-of-town expenses are your responsibility)

10-YEAR LANDLORD HISTORY: (name, address, phone number, list more on back if necessary)
