

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The Linn-Benton Housing Authority uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

Individuals or Organizations requested to release information: Any of the following individuals or organizations including any governmental organizations may be asked to release information.

- Employers, Past & Present
- Banks, Credit Unions and Other Financial Institutions
- State Agencies such as AFS (Welfare) & Social Services
- Providers of Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities, Retirement Systems, Mental Health Care, Drug & Alcohol Rehabilitation Programs
- Social Security Administration
- Department of Veterans Affairs
- Schools and Colleges
- Courts & Law Enforcement Agencies
- Post Offices
- Utility Companies
- Credit Bureaus, Credit Providers
- Current & Previous Landlords (including Public Housing Agencies)
- Professional Personal References
- Other: _____

Information Covered - The information shared may include:

- Child Care Expenses
- Credit History, Financial Concerns
- Identity and Marital Status
- Social Security Numbers
- Handicapped Assistance Expenses
- Criminal Activity, Legal Issues
- Household Composition
- Residences & Rental History
- Federal, State, Tribal or Local Benefits
- Employment, Income, Pensions, and Assets
- Medical, Psychological or Psychiatric Issues & Expenses

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Authorization

- I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Section 8 Assistance Programs and any other Housing Assistance programs administered by the Linn-Benton Housing Authority.
- I understand that this authorization can not be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Section 8 Assistance Program and any other Housing Assistance programs administered by the Linn-Benton Housing Authority.
- I agree that photocopies of this authorization may be used for the purposes stated above.

This consent form expires 15 months after signed.

1. _____
Signature

Print Name

Date of Signing

Social Security Number

Date of Birth

2. _____
Signature

Print Name

Date of Signing

Social Security Number

Date of Birth

All household members 18 years of age and older must provide this form for tenant file.