

AUTHORIZATION FOR RELEASE OF INFORMATION
USE FOR ALL PURPOSES

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Huron Housing and Redevelopment Authority (HRA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Program, and/or other housing assistance programs administered by the HRA. 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 USDA Rural Development in administering and enforcing program rules and policies.

In addition, I authorize and consent to the exchange of information between the HRA and supportive service agencies from whom I am receiving services, i.e. Community Counseling Services, Huron Area Center for Independence, Department of Social Services, Cornerstones Career Learning Center, Inc., concerning my family's circumstances, and/or other matters relating to my disability and/or medical condition.

INFORMATION COVERED

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

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
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 Public Housing Agencies)	Past and Present Employers
Courts and Post Offices	Credit Providers and Credit Bureaus
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support and Alimony Providers	Medical and Child Care Providers
Retirement Systems	Veterans Administration
Welfare Agencies	Banks and other Financial Institutions
	Utility Companies

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 HRA and will stay in effect for a period of fifteen (15) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Head of Household	_____ [State(s) of Residency In Past 5 Years]	_____ Date
_____ Spouse	_____ [State(s) of Residency In Past 5 Years]	_____ Date
_____ Adult Member Signature	_____ [State(s) of Residency In Past 5 Years]	_____ Date