SPRINGDALE HOUSING AUTHORITY



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AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom IT May Concern:

THE HOUSING AUTHORITY OF THE CITY OF SPRINGDALE IS REQUIRED TO VERIFY ALL INFORMATION SUBMITTED BY APPLICANTS / PARTICIPANTS IN THE PUBLIC HOUSING, SECTION 8 HOUSING, AND TBRA PROGRAMS.

AS AN APPLICANT/ PARTICIPANT OF THESE PROGRAM(S), I HEREBY AUTHORIZE THE HOUSING AUTHORITY TO VERIFY THROUGH ANY FEDERAL, STATE, LOCAL AGENCY, ORGANIZATION, BUSINESS, OR INDIVIDUAL ANY AND ALL INFORMATION RELEVANT TO DETERMINING MY ELIGIBILITY AND/OR CONTINUED ELIGIBILITY FOR ASSISTANCE. I FURTHER AUTHORIZE THESE AGENCIES, ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO RELEASE THE INFORMATION REQUESTED TO THE HOUSING AUTHORITY.

I FURTHER UNDERSTAND THAT THE INFORMATION MAY BE USED TO DETERMINE MY ELIGIBILITY AND/OR CONTINUED ELIGIBILITY TO RECEIVE ASSISTANCE FROM THE HOUSING AUTHORITY OF THE CITY OF SPRINGDALE. I ALSO UNDERSTAND THAT THE INFORMATION MAY BE GIVEN TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT IN ADMINISTERING AND ENFORCING PROGRAM RULES.

VERIFICATIONS AND INQUIRIES MAY INCLUDE BUT NOT BE LIMITED TO:

CREDIT AND CRIMINAL ACTIVITY

IDENTITY AND MARITAL STATUS

MEDICAL OR CHILD CARE ALLOWANCES

RESIDENCES AND RENTAL ACTIVITY

EMPLOYMENT, INCOME AND ASSETS

I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION FOR RELEASE OF INFORMATION MAY BE ATTACHED TO THE HOUSING AUTHORITY VERIFICATION FORMS AND USED BY THE HOUSING AUTHORITY FOR PROGRAM MANAGEMENT PURPOSES. I FURTHER HAVE THE RIGHT TO REVIEW DOCUMENTS RECEIVED BY THE HOUSING AUTHORITY UPON REQUEST AND MAY ALSO REQUEST CORRECTION TO INFORMATION THAT I PROVE IS NOT VALID. THIS FORM IS VALID FOR A PERIOD OF 15 MONTHS.

HEAD OF HOUSEHOLD SIGNATURE	PRINT NAME	Date
SPOUSE OR CO HEAD SIGNATURE	PRINT NAME	Date
OTHER ADULT MEMBER SIGNATURE	PRINT NAME	Date
OTHER ADILIT MEMBER CICALATURE	PRINT NAME	DATE