Authorization for Release of Information
All household members 18 or older must sign this form

I do hereby authorize any agencies, offices, groups, organizations or business firms to release to Florence Housing Authority any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Housing Choice Voucher Program and/or Low-Income Housing Programs. The information needed may include verification or inquires regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed and residency. These organizations are to include, but not limited to: financial institutions; past or present employer; educational institutions; Social Security Administration; welfare and food stamp agencies; Veterans Administration; court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities, and credit providers.

I understand the Department of Housing and Urban Development (HUD) and/or Florence Housing Authority may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization of the information obtained with its use may be given to and used by HUD and/or Florence Housing Authority in the administration and enforcement of program rules and regulations and HUD and/or Florence Housing Authority may in the course of its duties obtain such information from other Federal, State, or local agencies, including State Employment Agencies; Department of Defense; Office of Personnel Management; Social Security Administration; and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

_____   _____   _____   _____
Printed Name   Signature   Last four of SSN   Date

_____   _____   _____   _____
Printed Name   Signature   Last four of SSN   Date

_____   _____   _____   _____
Printed Name   Signature   Last four of SSN   Date

_____   _____   _____   _____
Printed Name   Signature   Last four of SSN   Date

_____   _____   _____   _____
Printed Name   Signature   Last four of SSN   Date

EQUAL HOUSING OPPORTUNITY