



Portage Metropolitan Housing Authority

Section 8 Department

Authorization for the Release of Information

PURPOSE: The Portage Metropolitan Housing Authority may use this authorization and the information obtained with it, to administer and enforce rules and policies related to the Section 8 program.

AUTHORIZATION: I authorize the above-named organization to obtain information about me or my family that may be pertinent to the Section 8 program.

INQUIRIES: Inquiries may be made about information such as:

Child Care Expenses	Federal/State/Tribal/Local Benefits
Credit History	Disability/Handicapped Assistance Expenses
Criminal Activity	Employment/Income/Pensions/Assets
Family Composition	Social Security Numbers
Identity	Residences and Rental History
Marital Status	Out-of-pocket Medical Expenses

INDIVIDUALS/ORGANIZATIONS THAT MAY RELEASE INFORMATION: Any individual or organization, including any governmental organization, may be asked to release information. These organizations include, but are not limited to:

Banks and Other Financial Institutions	U.S. Social Security Administration
Courts	U.S. Department of Veterans Affairs
Law Enforcement Agencies	Providers of Handicapped Assistance
Credit Bureaus	Utility Companies
Child Support Enforcement Bureaus	Welfare Agencies
Employers (past and present)	Child Care Providers
Landlords (past and present)	Social Service Providers
Educational Institutions	Public Housing Authorities

COMPUTER MATCHING NOTICE AND CONSENT: I agree that the above-named organization may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The government agencies can include: U.S. Office of Personnel Management, U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare/Food Stamp Agencies. The match will be used to verify information supplied by the family.

CONDITIONS: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand that I may be denied participation in the Section 8 program. This consent form expires 36 months after the date of signature.

SIGNATURES:

Head of Household

Date

Spouse/Co-Head of Household

Date

Other Adult Member of Household

Date