

South Sioux City Housing Authority
118 E 21st St
South Sioux City, NE 68776

AUTHORIZATION FOR THE RELEASE OF INFORMATION for:

(Print-Last Name) (First Name) (Middle Name)

CONSENT

I authorize and direct any Federal, State or Local agency, organization, business, or individual to release to the South Sioux City Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Certificate or Voucher Programs. 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) in administering and enforcing program rules and policies.

INFORMATION COVERED

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

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity

Employment, Income, and Assets
Credit or Criminal Activity
U.S. Immigration & Naturalization Service

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 for information (depending on program requirements) include, but are not limited to:

Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Veterans Administration
Retirement Systems
Utility Companies
Previous Landlords (Incl. Public Housing Agencies)
Victim Assistance Agencies

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Credit Providers and Credit Bureaus
Banks and Other Financial Institutions
Domestic Violence Shelters

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year and one month from the date signed.

SIGNATURES of ALL Household Members AGE 18 OR OVER

Head of Household Date

Spouse Date

Adult Member Date Adult Member Date