SWINOMISH HOUSING AUTHORITY

Authorization

for Release of Information

(all household members over the age of 18 **MUST** complete this form)

CONSENT:

I, _____, AUTHORIZE AND DIRECT ANY Federal, State, or local agency, organization, business or individual to release the SWINOMISH HOUSING AUTHORITY any information or material needed to complete and verify my application for participation in any or all of the Swinomish Housing Authority housing assistance programs. I understand and agree that this authorization of 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 regulations and policies. **This Authorization is valid for a period of three (3) years after the date of my signature on this document.**

INFORMATION COVERED:

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

Identity and marital status   Employment and income   Medical and childcare allowances   Residence and rental activity   Criminal activity

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility in the Swinomish Housing Authority housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED:

The groups or individuals that may be asked to release the above information may include, but are not limited to:

Previous Landlords	Past and present employees	Dept. of Health and Human Services
Veterans Administration	Courts and post offices	Retirement systems
Utility companies	State unemployment agencies	Social Security Administration
Schools and Colleges	Departments within SITC	Banks and other Finance Institutions
Support and alimony providers	Law enforcement agencies	Tribal organizations

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above.

I hereby expressly waive, release, and forever discharge the Swinomish Housing Authority and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, of may have against the Swinomish Housing Authority and my authorization for release of information by the relevant agencies noted.

I have read the forgoing Authorization for Release of Information and accompanying application for services and know the contents thereof. The statements contained herein are true and correct and contain a full and true account of the information requested. I execute this statement with the knowledge that misrepresentation of failure to reveal information requested may be deemed sufficient cause for the denial or revocation of services. I am voluntarily submitting this application.

SIGNATURES:

_____   _____

Applicant's Signature   Social Security Number

_____

Date