



# 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	Printed Name	Date
_____	_____	
Spouse/Co-Head of Household	Date	
_____	_____	
Other Adult Member of Household	Date	