

Authorization for the Release of Information

U.S. Department of Housing & Urban Development
Office of Housing
Office of Public & Indian Housing



Organization requesting release of Information
(name, address, telephone, & date):

Housing Authority Town of Phillipsburg
530 Heckman Street
Phillipsburg, New Jersey 08865
(908)859-0122

This form cannot be used to request a copy of a tax return.
Instead, use IRS form 4506, *Request for a Copy of Tax Form.*

Purpose

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221 (d)(3) Below Market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, and Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information. Covered Inquiries may be made about:

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

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental or organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical care
 - Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority Or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies 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
- State Welfare and 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 purpose stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date:

X

Signature, Printed Name of Other Adult Member of the Household & Date:

X

Original is retained by the requesting organization.

Signature, Printed Name of Spouse Other Adult Member of the Household & Date:

X

Signature, Printed Name of Other Adult Member of the Household & Date:

X