

AUTHORIZATION OF RELEASE OF INFORMATION

Housing Agencies

PHA/HA requesting Release of Information:

RENSELAER HOUSING AUTHORITY
85 AIKEN AVENUE
RENSELAER, N.Y. 12144
(518)436-0230

<p>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.</p> <p>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 Assistant Program (RAP) Rent Supplement Section 8 Housing Assistance Payments Program Section 23 and 10(c) Leased Housing Section 202 Section 221(dX3) Below Market Interest Rate Turnkey III Home Ownership Opportunities Program</p> <p>I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.</p> <p>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.</p> <p>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</p>	<p>Any individual or organization including any governmental 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</p> <p>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 Utilities Companies Welfare Agencies</p> <p>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</p> <p>The match will be used to verify information supplied by the family.</p> <p>Conditions I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.</p>
<p>Printed Name of Head of Household</p> <p>.....</p> <p>Signature/Date</p> <p>.....</p> <p>Notary Signature/Stamp</p> <p>.....</p>	<p>Printed Name of Spouse and/or Other Adult</p> <p>.....</p> <p>Signature/Date</p> <p>.....</p> <p>Printed Name Other Adult</p> <p>.....</p> <p>Signature/Date</p> <p>.....</p>
<p>Individuals Or Organizations That May Release Information</p> <p>Original is retained by the requesting organization.</p>	<p>This form cannot be used to request a copy of tax return. Instead, use IRS form 4506, <i>Request for a Copy of Tax Form</i>.</p> <p align="right">Form HUD-9886(4/91) ref. Handbooks 4350 3, 7420.7, 7645.1</p>