



134 East Heights Drive, Martin, Tennessee 38237
731-587-3186

Authorization for the Release of Information

CONSENT

With my signature, I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Martin Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Public and Indian Housing, and/or other housing assistance 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.

I consent for HUD or the Martin Housing Authority to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or Martin Housing Authority policies.

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 the following:

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

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 CONTACTED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Landlords, past & present	U.S. Social Security Administration	Utility Companies
Courts and Post Offices	U.S. Department of Veteran's Affairs	Credit Bureaus & Credit providers
Schools and Colleges	Employers, past & present	Pension/Annuity providers
Law Enforcement Agencies	Welfare agencies	Child Care providers
Banks and other Financial Institutions	Child Support & Alimony providers	Medical Care providers

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or Martin Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or Martin Housing Authority may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to : State Employment Securities Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Martin Housing Authority and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect. If I refuse to sign this authorization, my housing assistance may be denied or terminated.

Head of Household

Date

Spouse or other adult

Date

Adult member

Date