

Authorization for Release of Information

I/We authorize and direct any Federal, State, or local agency and any organization, business or individual to release to the Housing Authority of Grays Harbor County any information or materials needed to complete and verify my/our application for participation in, and/or maintain assistance under a subsidized housing program.

I/We 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:

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| <ul style="list-style-type: none"> ▪ IDENTITY AND MARITAL STATUS ▪ CREDIT AND CRIMINAL ACTIVITY ▪ EMPLOYMENT INCOME ▪ MEDICAL OR CHILD CARE ALLOWANCE | <ul style="list-style-type: none"> ▪ RESIDENCES AND RENTAL ACTIVITY ▪ INCOME FROM ANY SOURCE ▪ ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS |
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I/We understand that this authorization cannot be used to obtain any information about me that is **not** pertinent to my eligibility for housing and/or continued participation in a housing assistance program.

Groups or Individuals That May Be Asked

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| <ul style="list-style-type: none"> ▪ LANDLORDS AND UTILITY COMPANIES ▪ COURTS AND POST OFFICES ▪ SCHOOLS AND COLLEGES ▪ LAW ENFORCEMENT AGENCIES ▪ SUPPORT / ALIMONY PROVIDERS ▪ VETERANS ADMINISTRATION ▪ BANKS AND FINANCIAL INSTITUTIONS | <ul style="list-style-type: none"> ▪ PAST AND PRESENT EMPLOYERS ▪ WELFARE AGENCIES ▪ STATE UNEMPLOYMENT AGENCIES ▪ MEDICAL AND CHILD CARE PROVIDERS ▪ RETIREMENT SYSTEMS ▪ PAYEES ▪ TRUSTEES |
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"Title" 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any Person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 208(f) (g) and (h).

CONDITIONS: I/We agree that a photocopy of this authorization may be used for the purposes stated above.
THIS AUTHORIZATION WILL STAY IN EFFECT FOR TWELVE (12) MONTHS FROM THE DATE SIGNED.

X	X
Signature of Head of Household Date	Signature of Spouse or Co-head Date
X	X
Signature over printed name – Other Adult Date	Signature over printed name – Other Adult Date
X	X
Signature over printed name – Other Adult Date	Signature over printed name – Other Adult Date