AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE:

The <u>Housing Authority of Lancaster</u> may use the 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 Public Housing Section 23 Housing Assistance Program and 10(c) Leased Housing

Section 8 Housing Assistance Programs Section 202

I authorize the <u>Housing Authority of Lancaster</u> to obtain information about me or any family that is pertinent to eligibility for or participation in assisted housing programs. I understand that his authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a housing assistance program.

I authorize the <u>Housing Authority of Lancaster</u> to obtain information on wages or unemployment compensation from State Employment Security Agencies.

INQUIRIES COVERED: Inquiries may be made about:

Child Care Expenses/Child Support
Criminal/Drug Activity
Credit History
State Sexual Offender Registries
Disability Payments/Benefits
Employment, Income, Pensions, Assets
Family Composition
Credit History
Medical Expenses
Family Composition

Federal, State, Tribal, or Local Benefits Residences and Rental History (Landlord- Past and Present)

Savings and/or Checking Accounts Social Security Numbers

CONDITIONS:

I agree that Photocopies or facsimile of this Authorization may be used for the purposes stated herein. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

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

Banks and Other Financial Institutions Courts and/or Law Enforcement Agencies (SC & National)

Credit Bureaus Employers or Landlords (Past and Present)

Providers of:

Alimony or Allotment Pension Pensions/Annuities/Retirement

Welfare and Employment Security Agencies Schools and Colleges Child Care

Internal Revenue Service State Sexual Offenders Registries Credit Records

Disability Assistance Payment Benefits

U.S. Social Security Administration

Utility Companies

Federal, State, or Local Agencies U.S. Department of Veterans Affairs

COMPUTER MATCHING NOTICE AND CONSENT:

I agree that the Housing Authority and/or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by the family. The governmental agencies include but are not limited to those listed above and those listed below:

U.S. Postal Service

U. S. Department of Defense

SWICA

U. S. Office of Personnel Management
U. S. Social Security Administration

State Employment Security and Welfare and/or Food Stam Agencies
South Carolina Law Enforcement Division (SLED)

Printed Name of Head of Household

Date

Signature of Other Adult

Printed Name of Other Adult

Date

Printed Name of Other Adult

Date

"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 statement 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 this verification from is restricted to the purposes cited above. Any person, who knowingly and 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.

Medical Care