



Davis Community Housing Authority

Telephones
North: (801) 546-6142 South: (801) 451-2587
FAX: (801) 451-6484
E-Mail: dcha@xmission.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other material) required to determine eligibility and participation under any of the following programs:

- | | |
|----------------------------------|-----------------------------------------|
| Section 8 Housing Choice Voucher | TANF Homeless Prevention Program |
| Low-Income Rental Public Housing | Tenant-Based Rental Assistance Programs |

INFORMATION COVERED: I understand that depending on program policies and requirements, previous or current information regarding me and all household members are needed. Verifications and inquiries that may be requested include, but are not limited to:

- | | | |
|-----------------------------|------------------------------|--------------------------------|
| Identity and marital status | Employment income and assets | Residences and rental activity |
| Medical Allowances | Child Care allowances | Credit and criminal activity |

GROUPS OR INDIVIDUALS THAT MY BE ASKED: The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

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|----------------------|--------------------------|----------------------------------|
| Previous landlords | Past & present employers | Credit provider & credit bureaus |
| Courts/Post offices | Welfare agencies | Retirement systems |
| Schools/Colleges | State agencies | Utility companies |
| Medical providers | Child care providers | Social Security Administration |
| Support provider | Alimony providers | Veterans Administration agencies |
| Banking institutions | Financial institutions | Law enforcement agencies |

COMPUTER MATCHING NOTICE AND CONSENT: I agree that HUD or Davis Community Housing Authority will conduct computer-matching programs to verify the information supplied for my application or re-certification. When a computer match is conducted, I understand that I have the right to notification of any adverse information with other federal, state or local agencies, including but not limited to:

- | | | |
|------------------------------------|--------------------------------|-----------------------|
| State employment security agencies | Social Security Administration | Department of Defense |
| Department of Workforce Services | Office of Personnel Management | US Postal Service |
| HUD EIV | PACMIS | Any government agency |

CONDITIONS: I agree that photocopies of this authorization will be used for the purposes stated above. The original authorization is on file with the DCHA and will stay in effect for 13 months from the date signed. I understand that if I do not sign this authorization, I will be denied or terminated from rental assistance.

I authorize Davis Community Housing Authority to obtain information regarding me and all household members that pertain to eligibility for or participation in assisted housing programs.

Signature- Head of Household Date

Signature- Co-Applicant/Spouse Date

