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## AUTHORIZATION FOR THE RELEASE OF INFORMATION

### PURPOSE

The Housing Authority of the city of Hallettsville may use this 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 in the Authority's Project Based Housing Program.

I authorize the Housing Authority of the City of Hallettsville to obtain information about me or my family that is pertinent to eligibility for or participation in the Authority's Project Based Housing Program.

### INFORMATION COVERED

Inquiries may be made about:

Child Care Expenses, Identity and Marital Status, Credit History, Medical Expenses, Family Composition  
Pensions and Assets, Residences and Rental History – Landlord reference, Handicapped Assistance Expenses  
Food Stamp Eligibility, TANF Verification

### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

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

Courts  
Credit Bureaus  
Landlords  
Providers of:  
*Alimony*  
*Child Care*  
*Child Support*  
*Credit*

**Bank Institution**

Handicapped Assistance  
Medical Care Providers  
Pensions/Annuities  
Schools and colleges  
US Dept. of Veterans Affairs  
Utility Companies  
**Department of Human Services**  
**Welfare Agencies**

**CONDITIONS** I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses. I/We agree that photocopies of this authorization may be used for the purposes stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Penalties for Misusing this Consent:** 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 uses 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 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).