

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose:

The Housing Authority of Florence may use this authorization and the information obtained with it to administer and enforce program rules and policies.

Information covered inquires may be:

- Child Care Expenses
- Credit History
- Criminal Activity
- Educational Programs and Resources
- Employment History
- Family Composition
- Identity and Marital Status
- Job Search and Job History
- Probation/Parole
- Family Contributions
- Pension & Retirement
- Medical Information

Individuals or Organizations that may release information:

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

- Banks and other Financial Institutions
- Courts
- Department of Social Services
- Drug Store and Pharmacies
- Educational Providers
- Alcohol and Drug Service Providers
- Law Enforcement Agencies
- Landlords
- Utility Companies
- Credit Bureaus
- Providers of:
 - Alimony
 - Child Care
 - Child Support
- Schools and Colleges

Computer Matching Notice and Consent:

I agree that the above organization may conduct computer-matching programs. The match will be used to verify information supplied by the family. Initials: _____

The Housing Authority will be using an EIV System which is a HUD-provided Internet-based wage and benefit tool that allows the Housing Authority to validate the accuracy of tenant-reported income from an independent source that systemically and uniformly maintains income information in computerized form for a large number of individuals.

Print Name

_____/_____/_____
Social Security Number

Signature

Date

**This form has no expiration date, it may be used as needed in determining eligibility for the Housing Choice Voucher Program.