

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the City of Marmaduke, Arkansas Housing Authority information or materials needed to complete and verify my applicable for participation, and/or maintain my continued assistance under the Section 8, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administration and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes on my payment history, and any violations of my lease or PHA policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or any household member may be needed. Verifications and inquiries that may be requested include, but are not limited to the following:

Identity and Marital Status	Employment, Income and Assets	Resident Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	Federal or State Assistance

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but not limited to the following:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Schools and Colleges
Social Security Administration	Credit Providers/Credit Bureaus	Law Enforcement Agencies
Medical and Child Care Providers	Support and Alimony Providers	Utility Companies
Banks/ Other Financial Institutions		

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching program to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may be in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp agencies.

### CONDITIONS

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Note: This Consent form may not be used to request a copy of an Income Tax Return. If a copy of an Income Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.