

THE HOUSING AUTHORITY OF FORT MILL  
P.O. BOX 220  
FORT MILL, SOUTH CAROLINA 29716-0220

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**Purpose:**

The above named organization may use this authorization and the information obtained with is 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 8 Housing Assistance Programs
- Section 23 and 10© Leased Housing
- Section 23 Housing Assistance Payment
- Section 202

I authorize the above named organization to obtain information about me and my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize the above named organization to obtain information on wages and unemployment compensation from State Employment Securities Agencies.

**Information covered inquiries may be:**

- Child Care Expense
- Credit History
- Criminal Activity
- Family Composition
- Employment, All Income, Pensions & Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expense
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Savings or Checking Accounts

Conditions: I agree that Photocopies of this Authorization may be used for the purposes stated above.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Birthplace**

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
- Law Enforcement Agencies
- Credit Bureaus
- Employees, Last and Present
- Landlords
- Providers of :
  - Alimony Payments
  - Child Support Payments
  - Child Care
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
  - Schools and Colleges
  - U. S. Social Security Administration
  - U. S. Department of Veteran Affairs
  - Utility Companies
  - Welfare Agencies

**Computer Matching Notice and Consent**

I agree that the above organization may conduct computer matching programs with other government agencies including Federal, State, Tribal or local agencies. The government agencies includes:

- U. S. Office of Personnel Management
- U. S. Social Security Administration
- U. S. Department of Defense
- U. S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

\_\_\_\_\_  
**DATE**

This consent form expires 15 months after signed.

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**