

**AUTHORIZATION
For Release of Information**

CONSENT: I authorize and direct any Federal, State or local agency, organization, business, or Individual to release to **HILLSIDE APARTMENTS LLC/TODD COUNTY HRA** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Hillside Apartments LLC, the Housing Choice Voucher Rental Assistance Program, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and polices.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be 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 or Child Care Allowances Credit and Criminal Activity

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

GROUPS 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 are not limited to:

Previous landlords (including PHA's) Past and Present Employers Veterans Administration
Courts and Post Offices Todd County Health & Human Services
Retirement Systems State Unemployment Agencies Banks and other financial
Schools and Colleges Social Security Administration Social Service Agencies
Credit Providers and Credit Bureaus Law Enforcement Agencies Utility Companies
Medical and Child Care Providers Child Support/Alimony Providers Public Health Departments

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or Todd County HRA (the Public Housing Authority) may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have right to notification of any adverse information found and a chance to disprove that information. HUD may 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 of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household: _____	_____ Date: _____
Spouse/ Co Head: _____	_____ Date: _____
Adult Member: _____	_____ Date: _____
Adult Member: _____	_____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.