



Ford County Housing Authority

Serving 28 Counties in SC and SW Kansas



AUTHORIZATION FOR RELEASE OF INFORMATION

ALL ADULTS (18 & OVER) LIVING IN THE HOME MUST READ & SIGN THIS FORM

CONSENT:

I Authorize and direct any Federal, State, or Local Agency, Organization, Business or Individual to release to the **Ford County Housing Authority** any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8 Housing Rental Assistance Program. 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 administering and enforcing program rules and policies.

I also consent for HUD or the Ford County Housing Authority to release information from my file about my rental history to HUD, Credit Bureaus, Collection Agencies, or future landlords. This includes records on my payment history, and any violations of my lease or Ford County Housing Authority policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or myself 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 Allowances, Child-Care Allowances, Criminal Activity.

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 the 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) includes but is not limited to:

Previous landlords(Includes Public Housing Agencies) -Courts and Post Offices-Schools and Colleges-Law Enforcement Agencies-Child Support & Alimony Providers-Welfare Agencies- Social Security Administration-Medical/Child Care Providers-Insurance Agencies-Veterans Administration-Banks & other Financial Institutions-Credit Providers/Credit Bureau-Mental Health Agencies- Utility Companies- Legally responsible Relatives/ Guardians /Payees- Retirement Systems- Past and Present Employers- Educational /Training Services- State Unemployment Agencies

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or the Ford County 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 the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the Ford County Housing Authority may in the course of its duties exchange such automated information with other Federal, State or local agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Ford County Housing Authority and will stay in effect for 15 months from the date signed. I understand I have a right to review my file and to correct any information that I can prove to be incorrect.

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for copy of tax form" must be prepared and signed separately.

Head of Household Signature: _____ Social Security # _____ Date _____

Print _____ Signature X _____ Date _____

Adult Member/Guardian

Print _____ Signature X _____ Date _____

Adult Member/Guardian

Print _____ Signature X _____ Date _____

Adult Member/Guardian

(Rev 10/2021)

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