

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I authorize the release of any information (including documents and other materials) pertinent to determine my eligibility for residency at Eastman Housing Authority.

Inquires may be made about:

- | | |
|--|---------------------------------------|
| Child Care Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions, and Assets | Previous Rental and Residence History |
| Federal, State or Local Benefits | |

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

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|-----------------------------|---|
| Schools | State Employment Agencies |
| Courts | State Welfare Agencies |
| Banks | Food Stamp Agencies |
| Financial Institutions | U.S. Postal Office |
| Law Enforcement Agencies | U.S. Dept. of Veteran Affairs |
| Credit Bureaus | U.S. Social Security Administration |
| Employers, Past and Present | U.S. Office of Personnel Management |
| Landlords, Past and Present | Providers of Alimony, Child Care, Child Support, Credit |
| Utility Companies | Handicapped Assistance, Medical Care |
| Welfare Agencies | Pension and Annuities |

I agree that photocopies of this authorization may be used. If I do not sign this authorization, I also understand that my residency and/or application may be denied or terminated.

Head of Household

Signature

Print Name

Social Security Number

Date

Other Adult Household Member

Signature

Print Name

Social Security Number

Date

Other Adult Household Member

Signature

Print Name

Social Security Number

Date

Other Adult Household Member

Signature

Print Name

Social Security Number

Date

