

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the HOUSING AUTHORITY OF THE CITY OF RUSSELLVILLE, ARKANSAS to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

INFORMATION COVERED

Inquiries may be made about:

| | |
|---------------------------------|---------------------------|
| Child Care Expenses | Credit History |
| Criminal Activity | Family Composition |
| Employment, Income, Pensions | Federal, State, Tribal or |
| Handicapped Assistance Expenses | Local Benefits |
| Medical Expenses | Identity & Marital Status |
| Residences & Rental History | Social Security Numbers |
| Unemployment Compensation | |

INDIVIDUALS/ORGANIZATIONS THAT MAY RELEASE INFORMATION

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

| | |
|--------------------------------------|---------------------------|
| Banks & Other Financial Institutions | Courts |
| Law Enforcement Agencies | Credit Bureaus |
| Employers, Past & Present | Landlords |
| Providers of: | Social Security Admin. |
| Alimony | Dept. of Veterans Affairs |
| Child Care | Utility Companies |
| Credit | Schools & Colleges |
| Handicapped Assistance | Welfare Agencies |
| Medical Care | |
| Pensions/Annuities | |

CONDITIONS

I agree that photocopies of this authorization may be used for the purpose stated above. I also understand that, if I do not sign this form, my housing assistance may be denied or terminated.

Printed Name of Head of Household

Printed Name of Spouse

Signature of HOH

Date

Signature of Spouse

Date

Printed Name of Other Adult

Printed Name of Other Adult

Signature of Other Adult

Date

Signature of Other Adult

Date