

**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 Local Benefits
Handicapped Assistance Expenses	Identity & Marital Status
Medical Expenses	Social Security Numbers
Residences & Rental History	
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