

KLAMATH HOUSING AUTHORITY

AUTHORIZATION FOR RELEASE OF INFORMATION

P.O. Box 5110
Klamath Falls, OR
97601
541-884-0649

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Klamath Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued rental assistance.

I give my consent for the releases for the minor children in my care, who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Oregon Housing and Community Services Department (OHCSO) agency or the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

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 which may be released include but are not limited to:

- | | | |
|--------------------------------|-----------------------------|------------------------------------|
| 1. Identity/Birth Certificates | 5. Medical Expenses | 9. Child Care Expenses |
| 2. Employment | 6. Income Sources | 10. Income Amounts |
| 3. Credit History | 7. Criminal Background | 11. Residences and Rental Activity |
| 4. Social Security Numbers | 8. Utility Consumption Data | 12. Assets |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals who may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|----------------------------|---|--------------------------------------|
| 1. Previous Landlords | 6. State Unemployment Agencies | 11. Schools and Colleges |
| 2. Welfare Agencies | 7. Support and Alimony Providers | 12. Law Enforcement Agencies |
| 3. Medical Providers | 8. Child Care Providers | 13. Past and Present Employers |
| 4. Retirement Systems | 9. Banks & Other Financial Institutions | 14. Veteran's Administration |
| 5. Public Housing Agencies | 10. Credit Providers & Credit Bureaus | 15. Post Offices & Utility Companies |

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that OHCSO or HUD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. OHCSO or HUD or the PHA 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 the State welfare and food stamp 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 Klamath Housing Authority and will stay in effect for one year and one month from the date signed. I understand I have a right to review my records and correct any information that I can prove is incorrect.*

SIGNATURES:

_____	_____	_____
Head of Household	(Printed Name)	Date
_____	_____	_____
Spouse	(Printed Name)	Date
_____	_____	_____
Other Adult Member	(Printed Name)	Date
_____	_____	_____
Other Adult Member	(Printed Name)	Date

KLAMATH HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION

P.O. Box 5110
Klamath Falls, OR
97601
541-884-0649