



1400 Oakside Drive #76 Canton, GA 30114
 Main: 770-479-4969 Fax: 770-479-8118
 TDD: 770-479-6988

Marzine Q. Hudson
 Executive Director

Glenda Serrano-Bennett
 Property Manager

Release of Information

By my signature below, I hereby authorize the above-named organization and HUD to obtain information about me and my family that is deemed necessary to complete or verify my application for and/or eligibility for continued assistance under any HUD funded housing program. The information requested may include but is not limited to the following:

- | | | |
|---------------------------|---------------------|--|
| IDENTITY | MARITAL STATUS | HOUSEHOLD MEMBERS RESIDENCY (Present and Past) |
| CREDIT HISTORY | CRIMINAL HISTORY | EMPLOYMENT |
| INCOME | PENSIONS | ASSETS |
| SOCIAL SECURITY NUMBERS | CHILD CARE EXPENSES | MEDECAL EXPENSES |
| UNEMPLOYMENT COMPENSATION | ALLOWANCES | FEDERAL/LOCAL PREFERENCE |

Organizations/ Providers who may be contacted may include but are not limited to the following:

- | | | | |
|------------------------------|------------------------------|---------------------|------------------------------|
| BANKS/FINANCIAL INSTITUTIONS | LAW ENFORCEMENT AGENCIES | COURT PERSONNEL | US POSTAL SERVICE |
| LANDLORDS | EMPLOYERS (Present and Past) | CREDIT BUREAUS | EMPLOYMENT COMMISSION |
| ALIMONY | CHILD SUPPORT | CHILD CARE | SECURITY COMMISSION |
| PENSIONS/ANNUITIES | DEPT OF VETERAN AFFAIRS | HANDICAP ASSISTANCE | CREDIT MEDICAL CARE/EXPENSES |
| DMV/DRIVER SERVICES | SCHOOLS/COLLEGES | UTILITY COMPANIES | WELFARE AGENCIES |
| | | | SOCIAL SECURITY ADMIN. |

I understand that the Department of Housing and Urban Development (HUD) may conduct computer-matching programs to verify the Information reports supplied on my application or re-certification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD in the administration and enforcement of Program rules and regulation. Also, that HUD may, in the course of its duties, obtain such information from other governmental agencies including Federal, State, Tribal or Local agencies. These agencies include but are not limited to (11 US Department of Personnel Management, (21 US Social Security Administration, (3) US Department of Defense, (41 US Postal Service, (5) State Employment Security Agencies and (61 State Welfare and Food Stamp Agencies.

_____	_____	_____
Name of Household Member	Social Security Number	Date of Birth
_____	_____	_____
Street Address	City	State
		Zip

Client Certification: It is my understanding and consent that this release may be used during the entire length of my program participation and that a photocopy of this authorization may be used for the purpose(s) stated above.

(x) _____
 Signature of Household Member Date

CHA USE ONLY: Background Check Approved By _____ Date: _____
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