



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

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	CHILDCARE 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 SECURITY COMMISSION
ALIMONY	CHILD SUPPORT	CHILD CARE	CREDIT MEDICAL CARE/EXPENSES
PENSIONS/ANNUITIES	DEPT OF VETERAN AFFAIRS	HANDICAP ASSSTANCE	WELFARE AGENCIES
DMV/DRIVER SERVICES	SCHOOLS/COLLEGES	UTILITY COMPANIES	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 (II 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.

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.

Unit Address: «TenantAddress1»

(x) \_\_\_\_\_  
Signature of «TenantName»                      Date                      Social Security Number

x) \_\_\_\_\_  
Other Member 18yrs or older                      Date                      Social Security Number

x) \_\_\_\_\_  
Other Member 18yrs or older                      Date                      Social Security Number

x) \_\_\_\_\_  
Other Member 18yrs or older                      Date                      Social Security Number