

AUTHORIZATION FOR THE RELEASE OF INFORMATION

To: The Philadelphia Housing Authority (PHA)

Housing Choice Voucher Program - 215.684.4300
 Public Housing Program - 215.684.4000

Purposes:

PHA, the U.S. Department of Housing and Urban Development (“HUD”), and their agents may use information, data, documents, and other materials (“Information”) obtained with this Authorization for any of the following purposes:

- Administer and enforce program rules and policies;
- Determine initial and continuing eligibility for programs;
- Analyze utility consumption data and
- Comply with HUD and other laws, rules, and regulations.

Failure to sign this Authorization may result in the denial or termination of housing assistance.

Information That May Be Requested:

Information requests may include but are not limited to:

- Credit History and Criminal History
- Employment, Income, Pensions, and Assets
- Family Composition
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Residences and Rental History
- Social Security Numbers
- Unemployment Compensation
- Utility Account and Payment History
- Utility Consumption Data and Utility Bills

Those That May Release Information:

Any individual, government agency, or other organization, including the following, is hereby authorized to release Information while this Authorization remains in effect:

- Banks and Other Financial Institutions
- Courts
- Credit Bureaus
- Employers (Past and Present)
- Landlords
- Law Enforcement Agencies
- Schools and Colleges
- State Employment Security Agencies
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies
- Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, or Pensions/Annuities

Computer Matching Authorization:

PHA and HUD may conduct computer matching with other governmental agencies including the following Federal, State, Tribal or local agencies:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

Matching may be used to verify information supplied by the family.

Conditions:

I authorize the release of any Information as described above, about me and my family, at all times while this Authorization remains in effect to PHA, HUD, and/or their agents (including documentation and other materials).

I agree that photocopies of this Authorization may be used for the purposes stated above.

I understand that Information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the Information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by law.

Authorization Expiration:

*This Authorization will expire **36 months** after the date below.*

Date: _____

 Head of Household (Printed Name, Signature)

 Adult Tenant (Printed Name, Signature)

 Adult Tenant (Printed Name, Signature)

 Adult Tenant (Printed Name, Signature)

 Adult Tenant (Printed Name, Signature)