

Somersworth Housing Authority

Central Office: 25 Bartlett Ave Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

Consent Form

I (we), the undersigned, understand that in order to be considered eligible for housing assistance, the Somersworth Housing Authority has to process an application in which I (we) have provided all information that the U.S. Department of Housing and Urban Development may require in determining this eligibility.

I (we) understand that the Somersworth Housing Authority needs to make inquiries into the following as they apply to the family (herein defined as the undersigned and any other members in the household to receive assistance) to meet these requirements:

- **Income Verification:**

- Employment
- Bank Accounts
- Life Insurance (cash value only, if applicable)
- Property or other Assets
- Other income such as Social Security, Pension, Annuity, Alimony,
- Child Support, and as defined in HUD regulations.

- **Criminal History Record:**

I authorize the release of my criminal record [as well as any other contact between myself and The Police Department i.e. copies of arrest complaints pending final disposition in the courts, reports of disturbances in which I was involved, documented cases of substance or alcohol consumption, domestic disputes, records of suicide attempts or committals for involuntary hospitalization.]

- **Division of Health & Human Services**

- **Health Care Providers**

- **Landlord References**

- **Childcare Providers**

- **Credit Report**

- **Medical Conditions** requiring a special accommodation as requested by me (us). (Forms on request)

By signing this consent form, I (we) state that I (we) have given the Somersworth Housing Authority ALL of the above information relating to the Family and it is true to the best of my (our) knowledge. I (we) also authorize the Somersworth Housing Authority to obtain any and all required information from the above sources in regards to any member of the Family.

I (we) understand that the Somersworth Housing Authority will keep all information on the Family in the highest confidence and only divulge this information where required by HUD and by law.

Signature of Head of Household

Date

Spouse or Co-Head Signature

Date

Other household member over 18

Date