



Rochester Housing Authority

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AUTHORIZATION FOR RELEASE OF INFORMATION

I (we), the undersigned, understand that in order to be considered eligible for housing assistance, all information that I (we) have provided to the Rochester Housing Authority must be verified according to the U.S. Department of Housing and Urban Development (HUD)

I (we) Authorize Rochester Housing Authority to obtain any and all information into the following as they apply to any and all members of the family (herein defined as the undersigned and any members in the household to receive assistance)

INCOME AND ASSET VERIFICATION:

Employment - Social Security - Pension(s) - Child Support - TANF or any other Cash Assistance - Food Stamps - Self-Employment - Bank/Credit Union Accounts - Life Insurance - Property or other Assets - Annuity(s) - Alimony - Fuel Assistance - Money from Friends/Family

Any other income as defined in HUD regulations, including income through computerized data base matching.

Criminal History with Police - Medical Expenses - Landlord References - Student Status Verification - Medical Conditions requiring a special accommodation as required by me (us).

I (we) understand that the Rochester Housing Authority will keep my information on the family in the highest confidence and only divulge this information where required by Law and HUD.

Print Names: _____

Signatures:

Head of Household: _____ **Date:** _____

Spouse/Co-Head: _____ **Date:** _____

Other Over 18: _____ **Date:** _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

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