



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Authorization for Release of Information

Complete this form for each family member 18 years or older

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Housing Authority of the Birmingham District any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program and/or Low Income Housing Programs. The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed and residency. These organizations are to include, but not limited to: financial institutions; past or present employer; educational institutions; Social Security Administration; welfare and food stamps agencies; Veterans Administration; court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

I understand that the Department of Housing and Urban Development (HUD) and/or the Housing Authority of the Birmingham District may conduct computer matching programs in order to verify the information supplied on my application or Recertification. It is understood and agreed that this authorization of the information obtained with its use may be given to and used by HUD and/or HABD in the administration and enforcement of program rules and regulations and that HUD and/or HABD may in the course of its duties obtain such information from other Federal, State or local agencies, including State Employment Agencies; Department of Defense; Office of Personnel Management; Social Security Administration; and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Address City State Zip

Social Security Number Date of Birth Telephone

Signature Date

