

Housing Authority of the City of Vallejo

200 Georgia St., Vallejo, CA 94590
Phone (707) 648-4507 Fax (707) 648-5249

Family Authorization

PURPOSE

The US Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information about me or members of my household that is pertinent to eligibility for, or participation in, the Section 8 Housing Choice Voucher Program to either of the above named organizations. This includes applications for public assistance (AFDC, Food Stamps, GA, MediCal, etc.), and any associated documents.

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participating in assisted housing programs. This includes applications for public assistance (AFDC, TANF, CalWorks, Food Stamps, GA, MediCal, etc.), and any associated documents.

INFORMATION COVERED

Inquiries may be made about:

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| <i>Child Care Expense</i> | <i>Credit History</i> | <i>Residences and Rental History</i> |
| <i>Criminal Activity</i> | <i>Social Security Numbers</i> | <i>Federal, State Tribal or Local Benefits</i> |
| <i>Medical Expenses</i> | <i>Identity and Marital Status</i> | <i>Employment, Income, Pensions, Assets</i> |
| <i>Family Composition</i> | <i>Handicapped Assistance Expenses</i> | |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

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| <i>Banks & Other Financial Institution</i> | <i>Schools & Colleges</i> | <i>Alimony</i> |
| <i>Courts and Penal Institutions</i> | <i>US Social Security Administration</i> | <i>Child Care</i> |
| <i>Law Enforcement Agencies</i> | <i>Handicapped Assistance Expenses</i> | <i>Credit Reporting Agencies</i> |
| <i>US Department of Veterans Affairs</i> | <i>Utility Companies</i> | <i>Child Support</i> |
| <i>Employers, Past & present</i> | <i>Welfare Agencies</i> | <i>Landlords</i> |
| <i>Employment Dev. Dept (EDD)</i> | <i>Medical Care</i> | <i>Pensions/Annuities</i> |

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. I understand that a photocopy of this release is a valid as the original. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR 15 MONTHS FROM THE DATE SIGNED.

Signature of Head of Household: _____ Social Security Number: _____ Date: _____	Signature of Spouse or other Adult in Household _____ Social Security Number: _____ Date: _____
Signature of other Adult in Household: _____ Social Security Number: _____ Date: _____	Signature of other Adult in Household: _____ Social Security Number: _____ Date: _____