

**location**

147 s. main avenue
warrenton or 97146

mailing

po box 1149
warrenton or 97146

office 503-861-0119
fax 503-861-0220

toll free 1-888-887-4990
tdd 1-800-927-9275

www.nwoha.org

NOHA AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: Northwest Oregon Housing Authority (NOHA) uses this authorization and the information obtained with it to administer its housing programs. This includes but is not limited to Section 8 Housing Choice Voucher, Section 8 Project Based Voucher, Tenant Based Assistance, and the Moderate Rehabilitation program.

INFORMATION COVERED: I understand that, depending on program policies and requirements previous or current, information regarding my household or myself may be needed. Verifications and inquiries that may be requested and/or shared include but are not limited to:

- **Medical Expenses**
- **Child Care Allowances**
- **Credit History, Financial Concerns**
- **Criminal Activity and Legal Issues**
- **Residences & Rental Activity**
- **Employment, Income & Assets**
- **Household composition, Identity, and Marital Status**
- **Social Security Numbers**
- **Federal, State, Tribal, or Local Benefits**
- **Employment, Income, Pensions, and Assets**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and/or continued participation in a housing assistance program administered by NOHA.

COMPUTER MATCHING NOTICE AND CONSENT I understand and agree that HUD and NOHA may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose of incorrect information. HUD or NOHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U. S. Postal Service; the Social Security Agency, and State Welfare and Food Stamp agencies.

ORGANIZATIONS OR INDIVIDUALS REQUESTED TO SHARE & RELEASE INFORMATION:

I agree that the groups or individuals that may be asked to release and/or share the above information (depending on program requirements) include but are not limited to:

- **Previous Landlords**
- **Past & Present Employers**
- **City, County, or State Courts**
- **U.S. Post Office**
- **State Child Support agencies, Child Support and Alimony Providers**
- **U.S. Dept of Veterans Affairs**
- **Parole & Probation Offices**
- **Banks, Credit Unions, and other Financial Institutions**

- Public & Private Schools
- Training Programs
- Credit Providers & Credit Bureaus
- Pensions/Annuities/Retirement Providers
- Medical, Dental, Vision, Prescriptions Providers
- State Agencies providing cash assistance, food stamps, child welfare, unemployment benefits, etc
- Oregon Housing & Community Services (OHCS)
- Utility Companies
- Social Service Agencies/Community Action agencies
- Law Enforcement Agencies
- Child Care Providers
- Immigration & Naturalization Services
- State Agencies include but are not limited to Dept of Human Services Child Welfare and Self Sufficiency offices, State Employment, and Division of Child Support
- Other: _____

CONDITIONS I understand that if I refuse to sign this release, NOHA cannot verify the information needed for my housing assistance. I also understand that federal law (24 CFR 982.552) states that if someone refuses to sign a requested release of information form, the housing authority must deny or terminate my assistance.

AUTHORIZATION:

- I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Section 8 Housing Choice Voucher or other rental assistance programs administered by NOHA.
- I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Section 8 rental assistance programs administered by NOHA.
- I agree that photocopies of this authorization may be used for the purposes stated above.
- I authorize the release of information for minor children in the household to obtain wage information and criminal records.
- I authorize all sources to fax, mail, or email information to NOHA at: PO Box 1149, Warrenton, OR 97146; fax: 503-861-0220; phone: 503-861-0119. Email: _____

I approve the release of this information for 15 months and understand that this information is confidential and protected by state and federal law.

Adult Printed Name (Head of Household listed first)	Adult Signatures	Date Signed	Last 4 digits of SSN