Northwest Oregon Housing Authority
AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT I authorize and direct any federal, state or local agency, organization, business or individual to release to Northwest Oregon Housing Authority any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under the Section 8 Rental Rehabilitation, Low-income Public and Indian and/or housing assistance programs. I understand and agree that this authorization, or the information obtained by its use, may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

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 include but are not limited to: **Medical or Child Care Allowances Credit & Criminal Activity, Residences & Rental Activity, Employment, Income & Assets, Identity & Marital Status, Social Security with Date of Birth & if disabled**

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.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED I agree that the groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (Including PHA)	**Past & Present Employers**	**Child Support**
Veterans Administration	**Court & Post Offices**	**Case Management**
Schools & Colleges	**Utility Companies**	**Training Programs**
Credit Providers & Credit Bureaus	**Law Enforcement Agencies**	**Supportive Service**
Support & Alimony Providers	**Pensions/Annuities**	
Banks, Financial Agencies	**Medical & Child Care Providers**	**Retirement Systems**
Federal State Tribal or Local Benefits	**Alcohol/Drug Treatment**	**Dental or Attendant Care**
Health Care, Prescriptions	**Welfare & Social Services**	**Other:________________**
Immigration & Naturalization Service	**Medical, Psychological or Psychiatric Issues**	

AND

Government Agencies Including State of Oregon DHS/SSP and DHS/CW

COMPUTER MATCHING NOTICE AND CONSENT I understood and agree that HUD and Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application rectification. 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 incorrect information. HUD or the HA 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.

CONDITIONS I understand and agree that HUD, or the Public Housing Authority, may conduct computer matching programs to verify the information supplied or 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 disprove incorrect information. I understand what this agreement means. 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 (24CFR982.552) states that if someone refuses to sign a requested release of information form, the housing authority must deny or terminate my assistance. I approve the release of this information for 12 months and understand that this information is confidential and protected by state and federal law.

WARNING! Title 18 section 1001 of the US Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the US is guilty of a felony and will be prosecuted.

____
Signature/Head of Household Date Social Security Number

____
Signature/Other Adult Date Social Security Number

____
Signature/Other Adult Date Social Security Number

Please return requested information to: **NOHA**
PO Box 1149
Warrenton, OR 97146
503-861-0220 (FAX)