



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

Authorization for Release of Information

CONSENT

I authorize and direct any Federal, State or Local agency, organization, business or individual to release to and verify my application for occupancy and/or to maintain my continued occupancy under the Affordability Housing Policy. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority 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 me may be needed. Verification and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Child Care Allowances
- Residences & Rental Activity
- Employment, Income and Assets
- Credit & Criminal Activity

GROUP(S) OR INDIVIDUAL(S) THAT MAY BE ASKED

The group(s) or individual(s) that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Past & Present Landlords
- Courts & Post Offices
- Schools & College
- Credit Providers & Credit Bureaus
- Banks & Other Financial Institutions
- Past & Present Employers
- Support & Alimony Providers
- State Unemployment Agencies
- Social Security Administration
- Law Enforcement Agencies
- Child Care Providers
- Welfare Agencies
- Retirement Systems
- Utility Companies

COMPUTER MATCHING NOTICE & CONSENT

I understand & agree that the Housing Authority 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 disprove incorrect information. The Housing Authority 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 Administration and State Welfare and Food Stamp Agencies.



CONDITION

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature of Head of Household

Date: _____

Signature of Other Adult

Date: _____

Signature of Other Adult

Date: _____