

The Housing Authority of the County of Jackson
75 Whispering Way
Ripley, WV 25271
T: 304-372-2343 F: 304-372-3971

AUTHORIZATION FOR RELEASE OF INFORMATION

I Authorize and direct any Federal, State or Local Agency, Organization, Business, or Individual to release to the Housing Authority of the County of Jackson any information or material needed to complete and verify my application for participation and/or maintain my continued assistance under the Housing Authority. I understand and agree that this authorization for the information obtained with its use may be given to and used by the Departments of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Groups or individuals that may be asked but not limited to:

- | | |
|------------------------------|----------------------------|
| Previous & Present Landlords | Physicians |
| Courts & Post Offices | Veterans Administration |
| Schools and Colleges | Retirement Systems |
| Law Enforcement Agencies | Banks |
| Support & Alimony Providers | Credit Bureaus & Providers |
| Past & Present Employers | Utility Companies |
| Welfare Agencies | Personal References |
| Unemployment Agencies | Auditors & Recorders |
| Insurance Companies | |

I agree a photocopy of the authorization may be used for the purpose stated above. The original authorization is on file with PHA and will stay on effect for one (1) year and one (1) month from the date signed. I understand I have a right to review my file and correct any information I can prove is incorrect.

Head of House	SSN	Date
Spouse or Other Adult Member	SSN	Date
Other Adult Member	SSN	Date
Other Adult Member	SSN	Date
Witness		Date