

AUTHORIZATION FOR THE RELEASE OF INFORMATION

THIS FORM MUST BE SIGNED BY ALL ADULTS WHO LIVE IN YOUR HCV
(SECTION 8) HOUSEHOLD

I have applied for or am a resident/participant of Lorain Metropolitan Housing Authority (LMHA). The LMHA may use this authorization and the information obtained with it to administer and enforce program rules and policies for federally assisted housing. I authorize the release of any information, including documentation and other materials pertinent to eligibility for, and/or participation under the following programs:

HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM LOW-INCOME RENTAL PUBLIC HOUSING

Inquiries may be made about any of the following:

Child Care Expenses	Disability Assistance Expenses
Credit History	Health Care Expenses/Insurance
Criminal Activity	Identity and Marital Status
Employment, Income, Pensions & Assets	Residences and Rental History
Family Composition	Social Security Numbers
Federal, State, Tribal or Local Benefits	Unemployment Income
Education	Worker's Compensation Income

I agree that photocopies of this authorization may be used for the purposes stated above. I, therefore, respectfully request that you furnish to the Lorain Metropolitan Housing Authority any information requested and hereby release you from any and all liability of damages for providing such information.

Print Participant Name _____ Date _____
(Participant is also head of household for HCV (Section 8) purposes)

Participant/Head of Household Signature _____

Print Spouse's Name _____ Date _____

Spouse's Signature _____

Print Other Adult's Name _____ Date _____
(Includes boyfriend/girlfriend, child 18 & older, etc.)

Other Adult's Signature _____

Print Other Adult's Name _____ Date _____
(Includes boyfriend/girlfriend, child 18 & older, etc.)

Other Adult's Signature _____

Print Other Adult's Name _____ Date _____
(Includes boyfriend/girlfriend, child 18 & older, etc.)

Other Adult's Signature _____

HCV (Section 8)