



Columbia County Housing Authority

498 SW Juniper Way
Lake City, FL 32025

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TDD: (800) 955-8771
E-mail: housing@cchaf1.com
Website: cchaf1.com

APPLICANT / RESIDENT RELEASE OF INFORMATION CONSENT FORM

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release any information necessary to verify my application for the purpose of determining eligibility status for federally assisted housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), Internal Revenue Service and/or USDA Rural Development in administering and enforcing program rules and policies. I also consent for HUD, Rural Development or the Managing agent to release information from my file to credit bureaus, collection agencies or future landlords. This includes, but not limited to records on my payment history and any violations of my lease or occupancy 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:

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|----------------------------------|---|
| Identity and Marital Status | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | Guardianship or Legal Custody of Minors |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked or who may ask us to release the above information include but are not limited to:

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|----------------------------------|---|
| Previous & Current Landlords | Past and Present Employers |
| Courts and Post Offices | Department of Children & Families /Welfare Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical/Pharmaceutical Providers | Banks & other Financial Institutions |
| Retirement Systems | Credit Providers and Credit Bureaus |
| Utility Companies | Veterans Administration |
| Child Care Providers | Child Support Enforcement & Alimony Providers |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for 15 months from the date signed or if I take occupancy of a leased apartment, until such time that I vacate or move-out of the leased apartment.

Signature of Tenant/Applicant

Date

Signature of Spouse/Other Adult Member

Date

Signature of Other Adult Member

Date

