



505 S. Vulcan Avenue, Encinitas, CA 92024
Phone (760) 633-2723
Fax (760) 452-7775

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the CITY OF ENCINITAS HOUSING AUTHORITY any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Rental Assistance Program, Section 8 Voucher Program, and/or Low-Income Housing Programs. The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; educational institutions; past or present employers; Social Security Administration; Health and Human Services Agency; Veteran's Administration, court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; and credit providers.

I understand that the Department of Housing and Urban Development (HUD) and/or the City of Encinitas Housing Authority (EHA) may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD and/or EHA in the administration and enforcement of program rules and regulations and that HUD and/or EHA may, in the course of its duties, obtain such information from other Federal, State or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management, the Social Security Administration, and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signature

Social Security Number

Date