Pinellas County Housing Authority
11479 Ulmerton Road, Largo, FL 33778
Phone: 727.443.7684 • TDD: 800.955.8770
Fax: 727.443.6894 • TTY: 800.955.8771
www.PinellasHousing.com

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The Pinellas County Housing Authority and the U.S. Department of Housing and Urban Development may use this authorization and the information obtained with it to administer and enforce the regulations governing its housing programs.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Housing Choice Voucher Program (Section 8).

Information Covered: Inquiries may be made about: Criminal Record, Identity and Marital Status, Employment Income, Pensions, Assets, Federal State or Local Benefits, Child Support, Student Status, Disability Assistance Expenses, Medical Expenses, Housing History, and Utilities.

Individuals, Organizations, or Agencies that may release information: Any individual, organization, or agency, including any governmental agency may be asked to release information. For example, information may be requested from Bank and Other Financial Institutions, Schools and Colleges, Shelters, U.S. Social Security Administration, U.S. Department of Veteran Affairs, Child Support Enforcement, Clerk of the Court, Unemployment Agencies, Childcare Facilities and Providers, Utility Companies, and Welfare Agencies.

Computer Matching Notice and Consent: I agree that the above-named agencies may conduct computer-matching programs with other governmental agencies, including: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, and State Welfare and Food Stamp Agencies. Such matches will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this Authorization or if there is any misrepresentation, I also understand that my housing assistance may be denied or terminated.

I authorize the Pinellas County Housing Authority to obtain information about me and any member of my household which is pertinent to eligibility or participation in the Housing Choice Voucher program.

_____	_____	_____
Head of Household Name	Signature	Date
_____	_____	_____
Other family member over age 18	Signature	Date
_____	_____	_____
Other family member over age 18	Signature	Date
_____	_____	_____
Other family member over age 18	Signature	Date