



Oakland Housing
Authority

AUTHORIZATION RELEASE FORM

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Oakland Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public Housing, and/or other housing assistance 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) in administering and enforcing program rules and policies.

I also consent for the Oakland Housing Authority to release information from my file about any rental history to HUD collection agencies. This includes records on my payment history, and any violations of my lease or Oakland Housing Authority policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding myself or the household may be needed. Verifications and inquiries that may be requested include but are not limited to:

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

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

- | | | |
|---|---|---|
| Previous Landlords (including
Public Housing Agencies) | Past and Present Employers
Social Service Agencies | Veterans Administration
Retirement Systems |
| Courts and Post Offices | State Unemployment Agencies | Banks and other Financial
Institutions |
| Schools and Colleges | Social Security Administration | Credit Providers and Credit
Bureaus |
| Law Enforcement Agencies | Medical and Child Care Providers | |
| Support and Alimony Providers | Utility Companies | |

COMPUTER MATCHING NOTICE AND CONSENT

I authorize and agree that HUD and/or the Oakland Housing Authority may access otherwise confidential websites to determine if the information I have provided OHA is consistent with the information listed by another entity, such as the Alameda County Social Services Agency, and that HUD and/or OHA may use personal identifying information such as my Social Security number and any recipient number I have provided OHA or that appears on any documents I have provided OHA to verify information supplied for my application or recertification. If a computer match is done, I understand that I have a right of notification of any adverse information found and a chance to disprove incorrect information. HUD or the Oakland Housing Authority may in the course of its duties exchange such automated information with other Federal, State, or local agency including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

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 with the Oakland Housing Authority. I understand I have a right to review my file and correct any information I can prove is incorrect.

SIGNATURES

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Note: This general consent may NOT be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "REQUEST FOR COPY OF TAX FORM" must be prepared and signed separately.