



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE:

Greene Metropolitan Housing Authority (GMHA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION:

I authorize the release of any information (documentation and related materials) pertinent to eligibility for the following programs: Low Rent Public Housing, Section 8 Housing Assistance.

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, these assisted housing programs.

I authorize only GMHA to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses/Credit History/Criminal Activity/Family Composition/Employment/ Income/ Pensions and Assets/Federal, State, Tribal or Local Benefits/Handicapped Assistance Expenses/Identity and Marital Status/Medical Expenses/Social Security Numbers/ Residences and Rental History

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and other Financial Institutions/Courts/Law Enforcement Agencies/Credit Bureaus/Employers, Past and Present/ Landlords/ Professional & Community References/Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities/Schools and Colleges/U.S. Social Security Administration/U.S. Department of Veterans Affairs/Utility Companies/Welfare Agencies

CONDITIONS:

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Complete address of Unit, if housed with GMHA: _____

Sign _____ Date _____

HEAD OF HOUSEHOLD

Sign _____ Date _____

SPOUSE

PRINT NAME S.S. #

PRINT NAME S.S. #

Sign _____ Date _____

OTHER ADULT MEMBER OF THE HOUSEHOLD

Sign _____ Date _____

OTHER ADULT MEMBER OF THE HOUSEHOLD

PRINT NAME S.S. #

PRINT NAME S.S. #

Warning: "PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"

GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

