

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize and consent to allow the Housing Authority of the City of Alameda to request and obtain income and status information from the sources listed below to verify eligibility and level of benefits under the HUD's assisted housing program.

This consent form expires **15 months** after signed.

Signatures:

Name of Head of Household	Signature	Social Security No.	Date
Name of Co-Head or Spouse	Signature	Social Security No.	Date
Name of other family members +18 years	Signature	Social Security No.	Date
Name of other family members +18 years	Signature	Social Security No.	Date
Name of other family members +18 years	Signature	Social Security No.	Date
Name of other family members +18 years	Signature	Social Security No.	Date

STOP DO NOT WRITE BELOW THIS LINE

FOR HOUSING AUTHORITY USE ONLY.

1. _____ Department of Social Services
2. _____ Department of Veterans Affairs
3. _____ Social Security Administration
4. _____ District Attorney's Office of the Family Support Division
5. _____ Title Insurance of Property Transaction, Escrow number ____
6. _____ Life Insurance
7. _____ Credit Reports or Credit Application for _____
8. _____ Medical Record(s) Certification of Disability
9. _____ Verification of Admittance to Health Care Facility
10. _____ Verification of In-Home Support Services approval and services
11. _____ Child Care Verification
12. _____ Student Status Verification
13. _____ Release of Criminal Conviction History
14. _____ Release of Information from CA Police Departments
15. _____ Release of Information from CA Department of Corrections
16. _____ Release of Information from Department of Homeland Security
17. _____ Pensions/Annuities
18. _____ Other_ _____