



**AUTHORIZATION FOR THE RELEASE OF INFORMATION
 AND PRIVACY NOTICE**

Rental Assistance Programs

ORGANIZATION(S) REQUESTING RELEASE OF INFORMATION:

Colorado Division of Housing
 1313 Sherman St. Room 320
 Denver, CO 80203
 Phone (303) 864-7852 Fax (303) 864-7857

PURPOSE: The Colorado Department of Local Affairs, Division of Housing (DOH) may use this authorization and the information obtained within it, to administer and enforce program rules and policies.

AUTHORIZATION: I authorize the release of any information (including documentation and other materials) pertaining to my eligibility for participation in, and/or the enforcement of DOH's housing programs. I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, assisted housing programs and to obtain information on wages or unemployment compensation from State Employment Agencies.

<p>Information Inquiries may be made about:</p> <ul style="list-style-type: none"> Child Care Expenses Credit History Criminal Activity Family Composition Employment, Income, Pensions, Assets Federal, State, County, or Local Benefits Handicapped Assistance Expenses Identity and Marital Status Medical Expenses Social Security Numbers Residences and Rental History 	<p>Individuals or Organizations That May Release Information:</p> <p>Any individual or organization including any governmental organization may be asked to release the following types of information:</p> <ul style="list-style-type: none"> Departments of Social Services Banks and Other Financial Institutions Courts, Credit Bureaus Law Enforcement Agencies Employers (Past and Present) Landlords (Past and Present) Providers of: <ul style="list-style-type: none"> Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pharmacies, Pensions/Annuities Schools and Colleges Dept. of Labor and Employment U.S. Social Security Administration U.S. Postal Service U.S. Department of Veterans Affairs Utility Companies
<p>Release to speak with a specific individual:</p> <p>Individual to be contacted:</p> <p>_____</p> <p>Agency:</p> <p>_____</p>	



COMPUTER MATCHING NOTICE AND CONSENT: I agree that DOH or the Department of Housing and Urban Development (HUD) may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies.

CONDITIONS:

- I agree that photocopies of this authorization may be used for the purposes stated above.
- I understand that each member of the household who is 18 years of age or older must sign the authorization.
- I understand that if I do not sign this authorization, my housing assistance may be denied or terminated.
- I understand that this authorization will expire 15 months from the date it is signed.

PRIVACY NOTICE: DOH uses your family income and other information to assist in managing and monitoring assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information will not be otherwise disclosed or released outside of DOH, except as permitted or required by law.

Warning: Section 1001 of Title 18, United States Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

SIGNATURES:

Head of Household (Print)	Signature	Date	Last 4 of SS Number
Co-Head / Spouse (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Adult Family Member (Print)	Signature	Date	Last 4 of SS Number
Live-in-Aide (Print)	Signature	Date	Last 4 of SS Number

