

**AUTHORIZATION
FOR RELEASE OF INFORMATION**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Sault Ste. Marie Tribe of Chippewa Indians Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian 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.

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

Employment, Income, and Assets Residences and Rental Activity Credit and Criminal Activity

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: The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but are not limited to:

Previous Landlords (including	Past and Present Employers	Veterans Administration
Public Housing Agencies)	Tribal Social Services Agencies	Retirement Systems
Courts and Post Offices	State Social Services Agencies	State Unemployment Agencies
Utility Companies	Banks and other Financial Institutions	Credit providers and
Social Security Administration	Law Enforcement Agencies	Credit Bureaus Utility Companies

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Personal Information	
Name Last:	Middle:
First:	Maiden:
Social Security Number:	Birth Date:
Drivers License/State ID Number:	State Issued:
Address:	
City, State, Zip:	
Tribal Affiliation:	

Client Signature _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.
