



HOUSING CHOICE VOUCHER PROGRAM
**AUTHORIZATION FOR THE RELEASE OF
INFORMATION**

*****All adult family members must read and sign this form*****

Authority & Purpose: The regulations that govern the Housing Choice Voucher (HCV) Program require applicants and participants to supply any information that the THDA or HUD determines is necessary in the administration of the program. "Information" includes any requested certification, release or other documentation (24 CFR 982.551). Therefore, the THDA requires you to sign this release for us to obtain certain information regarding your participation in the HCV Program, which the THDA has determined is necessary in its administration of the Program.

By signing this consent form, you are authorizing HUD and the THDA to request information from the sources listed on this form in order for the THDA to make independent determinations regarding aspects of your eligibility for the HCV Program.

Use of the Income Information to be Obtained: HUD and the THDA are required to protect the information obtained in accordance with the Privacy Act of 1974, U.S.C. 552a. The THDA is required to protect the information under any State privacy laws. HUD and THDA employees may be subject to penalties for unauthorized disclosures or improper use of the income information that is obtained based on this consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign this consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Sources of Information to be Obtained: Child Support, Child Care Expenses, Disability Status, Disability Assistance Expenses, Educational Grants & Income, Federal, State, Tribal or Local Benefits (including TANF and Food Stamps), Household Composition, Identity, Marital Status, School Enrollment Status, Medical Expenses, Utility Payment History, Public Housing Status.

Individuals or organizations that may release information: Child Support Enforcement Agencies, Educational Institutions, TANF Agencies, Utility Companies, Public Housing Authorities and individual providers of the following: Alimony & Child Support, Child Care, Disability Assistance Equipment or Services, Medical Care or Equipment.

Consent: I consent to allow HUD and the THDA to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under the HCV Program. I understand that the THDA must independently verify the information received under this consent form before using the information to deny, reduce, or terminate assistance. In addition, I must be given the opportunity to contest those determinations.

This consent form expires 15 months after signed.

Head of Household

Date

Spouse or Co-Head

Date

Family Member Age 18 or over

Date

Family Member Age 18 or over

Date

Family Member Age 18 or over

Date

Family Member Age 18 or over

Date