

Uniform Authorization for the Release of Information

PHA Requesting Release of Information: Attn: Housing Authority Occupancy Specialist Twin Falls Housing Authority 200 Elm Street North Twin Falls ID, 83301	Phone: (208)733-5765 FAX: (208)733-5878 Email: info@twinfallshousing.com Website: www.tfha.com
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<p>Authority: 42 U.S.C. 1437f and 3535(d), Implemented at 24 CFR 960.259</p> <p>Purpose: In signing this consent form, you are authorizing HUD and the above named Housing Authority (HA) to request information including but not limited to identity, family composition, employment income, earned and unearned income, assets, residences and rental activity, medical or child care allowances, credit and criminal history. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.</p> <p>Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD May disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose pf determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosure or improper uses of the information that is obtained based on the consent form.</p> <p>Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the 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. Also required to sign are those persons under the age of 18 who are the head of household or co-head and are considered emancipated minors.</p>	<p>Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA’s grievance procedures and Low Rent Public Housing Informal Review and Grievance Procedures.</p> <p>Sources of Information: The groups or individual that may be asked to release the authorized information include but are not limited to:</p> <p>Previous Landlord (including Public Housing Agencies) Courts, Post Offices, Legal Aid, Attorneys, Lawyers Schools and Colleges Law Enforcement Agencies Support and Alimony Providers Past and Present Employers Welfare, Federal & State Agencies, E.I.V., U.I.V. State Employment Agencies Social Security Administration, Pension/Annuity Providers Medical and Child Care Providers Veterans Administration Requirement Systems Banks and other Financial Institutions, Insurance Companies Credit Providers and Credit Bureaus Utility Companies Case Managers/Coordinators/Trainers Rehabilitation Specialists/Payees</p>
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Consent: I hereby authorize the release of the requested information.
 Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age of 18	Date
_____	_____	_____	_____
Co-Head or Spouse	Date	Other Family Member over age of 18	Date
_____	_____	_____	_____
Other Family Member over age of 18	Date	Other Family Member over age of 18	Date

This release will expire 15 months from the date signed

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 HA and any other owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of the information collected based on the Consent form. Use of the information collected based on this 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 \$5000. Any applicant or participant affect by negligent disclosure of information may bring civil action for damages, and seek other relief, as Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) & (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) & (8).
