

PASADENA COMMUNITY DEVELOPMENT COMMISSION

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT – I authorize and direct any Federal, State, County or City Agency, financial or credit institution and/or loan company, business, or individual to release to the PASADENA COMMUNITY DEVELOPMENT COMMISSION (PCDC) any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under the Section 8 Housing Choice Voucher Program, or other housing assistance program. I understand and agree that this authorization or the information obtained with it's use may be given to and used by the Department of Housing and Urban Development (HUD) in administration and enforcing program rules and policies.

I also consent for HUD or the PCDC to release information from my file about my rental history to HUD credit bureaus, collection agencies or future landlords. This includes records on my payment history, and violations of my lease or HUD/PCDC policies.

INFORMATION COVERED – I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. **Verification and/or disclosure of information contained in accounts and inquiries that may be requested include but are not limited to:**

Identity & Martial Status	Employment, Income	Residences & Rental Activity
Real Estate	Personal Property/Assets	Family Composition
Medical Records & Expenses	Child Care Expenses	Criminal Activity
Income Benefits (Welfare, SSI, UIB, etc)	Income Tax History	Credit Accounts & Applications
Bank, Credit Union Accounts & Statements	Non-Citizen Status	Credit reporting

GROUP OR INDIVIDUALS THAT MAY BE ASKED – I understand that the PCDC may in the course of determining eligibility or in a fraud investigation may share the above information with the following Groups or Individuals. **The groups or individuals that may be asked to release or share the above information (depending on program requirements) include but not limited to:**

Previous Property Owners	Past & Present Employers	Veterans Pension/Benefits
Previous Public Housing Agencies	Welfare Agencies	Retirement Systems
Courts & Post Office	State Unemployment Agencies	Bank/Financial Institutions
Social Security Administration	Law Enforcement Agencies	Credit Providers & Bureaus
Schools and Colleges	Medical & Child Care Providers	Utility Companies
Support & Alimony Providers	District Attorney	US Immigration & Naturalization Service
Internal Revenue Service	Unemployment Department	

COMPUTER MATCHING NOTICE AND CONSENT – I understand and agree that HUD or the PCDC may conduct computer-matching programs to verify the information for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PCDC may in the course of its duties (including fraud investigation) exchange such automated information with other Federal, State, County or City Agency, including but not limited to:

State Employment Security Agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; the Social Security Agency; and State or local welfare and food stamp agencies.

CONDITIONS – I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PCDC and will stay in effect for a year and one month from the date signed. In the event that the authorization is expired, I understand the PCDC (when deemed necessary) may mail an authorization form for renewal (to be signed and returned by me) in order to maintain continued assistance under the Section 8 Housing Choice Voucher Program. I understand I have a right to review my file and correct any information that I can prove is incorrect.

NOTE: This General consent may not be used to request a copy of tax returns. If a copy of a tax return is needed, IRS Form 4506 – "Request for a copy of tax form" must be prepared and signed separately.

My signature here attests to agreement with the information on both sides of these documents

----- Head of Household (signature)	----- (Print name)	----- (Social Security No.)	----- Date
----- Spouse (signature)	----- (Print name)	----- (Social Security No.)	----- Date
----- Adult Member (signature)	----- (Print name)	----- (Social Security No.)	----- Date
----- Adult Member (signature)	----- (Print name)	----- (Social Security No.)	----- Date

PLEASE CAREFULLY READ AND SIGN BOTH SIDES OF THIS FORM

APPLICANT/TENANTS CERTIFICATION

Giving True and Complete Information - I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition - I know I am required to immediately (within 15 days) report *in writing* any changes in income and any changes in the household size when a person moves in or out of the unit. I also understand that I am required to report if any adult living with me is no longer a full time student. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance - I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance - I certify that the house or apartment that will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation - I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing or signing needed forms, submitting documentation requested by the Pasadena Community Development Commission I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information - I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

My signature here attests to agreement with information on both sides of this document.

_____ Head of Household (signature)	_____ (Print name)	_____ (Social Security No.)	_____ Date
_____ Spouse (signature)	_____ (Print name)	_____ (Social Security No.)	_____ Date
_____ Adult Member (signature)	_____ (Print name)	_____ (Social Security No.)	_____ Date
_____ Adult Member (signature)	_____ (Print name)	_____ (Social Security No.)	_____ Date

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