



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla, WA 99362
509-527-4542 * Fax 509-527-4574

Hearing-impaired, use statewide relay service 1-800-833-6384
www.wallawallaha.org * wwha@wallawallaha.org



GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

• **CONSENT:**

I authorize and direct any Federal, State, or Local agency organization, business, or individual to release to the Walla Walla Housing Authority any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8 Rental Assistance, 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 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 my household or me may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identify marital and/or familial status; Employment; Income; Assets; Residences and Rental Activity; Medical and/or child care allowances; Credit History; Criminal Activity.

I understand that this authorization cannot be used to obtain any information about my household or me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

• **GROUPS AND/OR INDIVIDUALS THAT MAY BE ASKED:**

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

• Banking/Financial Institutions	• Blue Mountain Action Council	• Child Care Providers
• Child Protective Services	• Children and Family Services	• Credit Bureaus and/or Providers
• Courts	• Dept of Social & Human Services	• Div of Developmental Disabilities
• Law Enforcement Agencies	• Medical Providers	• Mental Health Agencies
• Past and/or Present Employers	• Past and/or Present Landlords	• Public Housing Agencies
• Retirement Systems	• Schools and/or Colleges	• State Employment Agencies
• Utility Companies	• Valley Residential Services	• Veteran's Administration
		• Protective Payees

• **COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer matching is done, I understand that I have a right to notification of any adverse information found and a change to disprove that information. HUD or the Public Housing Authority may in the course of its duties exchange such automated information with other Federal, State, or Local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; Social Security Administration; Department of Social and Human Services.

• **CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for fifteen (15) months from the date of signature.

Head of Household Signature Date

Spouse / Co-Tenant / Other Adult Signature Date

Other Adult Signature Date