

THE HOUSING AUTHORITY

CITY OF HOLLY SPRINGS

700 Hwy 4 East · Post Office Box 550
Holly Springs, Mississippi 38635
Ph: (662) 252-2971

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Holly Springs information or materials needed to complete and verify my application for housing assistance and /or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be requested; this includes but is not limited to:

Identity and Marital Status	Residences and Rental Activity	Income
Medical or Child Care Allowances	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 and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information includes but are not limited to:

Previous Landlords (including Public Housing Agencies) Law Enforcement Agencies Support and Alimony Providers Medical and Child Care Providers	Veteran Administration Welfare Agencies Schools and Colleges Credit Bureaus and Providers Financial Institutions	Retirement/Pensions Courts and Post Offices Social Security Admin. Utility Companies Credit Reporting Agencies
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I understand and agree that the Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertifications. If a computer match is done, I understand that I have the right to 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; U.S. Postal Services; Social Security Agency and State Welfare and Food Stamp Agencies.

I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect for so long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

All Household Members 18 years of age and older must sign this form.

1.	_____	_____	_____
	Print Name	Signature	
	_____	_____	_____
	Social Security Number	Date of Birth	Date of Signing

2.	_____	_____	_____
	Print Name	Signature	
	_____	_____	_____
	Social Security Number	Date of Birth	Date of Signing