



BOARD OF COMMISSIONERS

Susan Johnson-Velez
Chair

Ben Wacksman
Vice Chair

James A. Cloar

Hazel S. Harvey

Billi Johnson-Griffin

Rubin E. Padgett

Bemetra L. Simmons

Jerome D. Ryans
President/CEO

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The Housing Authority of the City of Tampa and the U.S. Department of Housing and Urban Development may use this authorization and the information obtained with it, to administer and enforce rules and regulations governing its housing programs.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs: Low Income Rental Public Housing; and Section 8 Housing Assistance Payment Program.

I authorize the above named agencies to obtain information about my family, or me which is pertinent to eligibility or participation in assisted housing programs.

Information Covered: Inquiries may be made about: Child Care Expenses, Credit History, Criminal Record, Family Composition, Employment, Income, Pensions, and Assets, Federal, State or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, Housing History and Utilities.

Individuals, Organizations or Agencies that may release information: Any individual, organization or agency including any governmental agency may be asked to release information. For example, information may be requested from: Bank and Other Financial Institution; Credit, Handicapped Assistance, Medical Care and Pension/Annuities; Schools and Colleges, Shelters, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Unemployment Agencies, Utility Companies and Welfare Agencies.

Computer Matching Notice and Consent: I agree that the above name agencies may conduct computer-matching programs with other governmental agencies including: Federal, State or local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. All forms faxed are authorized with the customer original signature. If I do not sign this Authorization or if there is any misrepresentation, I also understand that my housing assistance may be denied or terminated.

5301 West Cypress Street
Tampa, Florida 33607

P. O. Box 4766
Tampa, Florida 33677

OFFICE: (813) 253-0551

_____	_____	_____
Head of Household Name	Signature	Date
_____	_____	_____
Other Family Member over age 18	Signature	Date
_____	_____	_____
Other Family Member over age 18	Signature	Date
_____	_____	_____
Other Family Member over age 18	Signature	Date

www.thafi.com

“Building a World-Class Community; One Family, One Neighborhood at a Time”