

**Authorization for the Release of Information**

Agency requesting release of information: <b>Johnson County Human Services</b> <b>Housing Services Department</b> 12425 West 87 <sup>th</sup> Street Parkway, Suite 200 Lenexa, KS 66215 Phone # (913) 715-6600 Fax # (913) 715-6630/ (913) 715-6631	Name: (Please Print) _____ Social Security Number: _____
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**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, medical or child care allowances, credit and criminal activity. HUD and the HA needs this information to verify your eligibility for assisting housing benefits, and that these benefits are set 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.

**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 purposed, to Federal agencies for employment suitability purposes and to HAs for the purpose of 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 penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign a 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.

**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 Section 8 informal review and hearing procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include, but are not limited to:

- Past and Present Employers
- Courts and Post Offices
- Support and Alimony Providers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Veterans Administration
- Retirement Systems
- Banks and Other Financial Institutions
- Credit Providers and Credit Bureaus
- Federal, State, or Local Agencies
- Law Enforcement Agencies
- Utility Companies
- Schools and Colleges

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level or benefits under HUD’s assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

**X** \_\_\_\_\_  
 Head of Household Signature                      Date                      Social Security Number

**X** \_\_\_\_\_  
 Spouse/Co-Applicant Signature                      Date                      Social Security Number

**Penalties for Misusing this Consent:** HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject penalties for unauthorized disclosures or improper uses of 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.