# AUTHORIZATION FOR THE RELEASE OF INFORMATION

**Housing Authority of Murray**
**716 Nash Drive**
**Murray, KY  42071-3053**

**Applicant/Resident Name:** _____

**Social Security Number:** _____

**Date of Birth:** _____

**Sensitive Information:** The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of **HUD** except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

## PURPOSE

The Housing Authority of Murray may use this information and the information obtained with it, to administer and enforce rules and policies.

## AUTHORIZATION

I authorize the Housing Authority of Murray to obtain information about me or my family that is pertinent to eligibility for or participation in this assisted housing program.

## INFORMATION COVERED

Inquiries may be made about:
- Child care expenses
- Credit History
- Criminal History
- Family Composition
- Employment Income
- Other Income, Pensions, and Assets
- Federal Benefits
- State, Tribal, or Local Benefits
- Disabled Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

## INDIVIDUALS OR ORGANIZATIONS

Any individual or organization including any governmental organization may be asked to release information. For example, information from:
- Bank and other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
    - Alimony
    - Child Care
    - Child Support
    - Credit
    - Disabled Assistance
    - Medical Care
    - Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

## CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. ***This authorization expires 15 months after the date signed.***

Applicant/Resident:

_____
Signature                                            Date

HAM Representative:

_____
Signature                                            Date