

LHA/HUD AUTHORIZATION FOR RELEASE OF INFORMATION

Move-in/Lease Addition/Recertification

Consent to allow U.S. Department of Housing and Urban Development (HUD) and/or LaGrange Housing Authority (LHA) to request and release information

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: This form enables HUD and LHA to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining information necessary to collect any outstanding rent, charges, and court costs upon move-out.

The information needed may include:

Current address	Employment and income
Household members	Former Addresses

The organizations used to collect this information on are to include but are not limited to:

State Employment Security Commission	Other Public Housing Agencies
Present Employers	Governmental Agencies
Utility Companies U.S. Postal Service	Court Clerks
U.S. Office of Personnel Management	Credit Bureaus
U.S. Department of Defense	Georgia Department of Labor
Shelters	Others

HUD or LHA may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies.

Privacy Act Notice/Authority: HUD is authorized to collect this information by the U.S. Housing Act of 1937 (42U.S.C. 1437 ET. Seq.), Title VI of the Civil Rights of Action of 1964 (42U.S.C. 2000d), and by the Fair Housing Act ((42U.S.C.3601-19). The Housing and Community Development Act of 1987 (42U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each member six years old or older.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fails to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both.

Signatures

	Date		Date
Head of Household		Spouse	
	Date		Date
Other family member over age 18		Other family member over age 18	
	Date		Date
Other family member over age 18		Other family member over age 18	

Penalties for misusing the authorization: HUD, the LHA and employees thereof may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.