



CITY OF GARDEN GROVE HOUSING AUTHORITY

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Pursuant to 24 C.F.R. parts 750 and 760, I being at least 18 years of age, do hereby authorized any agencies, offices, groups, organizations or business firms to release to GARDEN GROVE HOUSING AUTHORITY any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program, and/or Low Income Housing Programs. The information needed may include, but are not limited to financial institutions; Employment Security Commission; State Wage Information Collection Agency (SWICA); educational institutions; past or present employers; Social Security Administration; welfare and food stamp agencies; Worker's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

I understand that the Department of Housing and Urban Development (HUD) and/or Garden Grove Housing Authority may conduct computer matching programs in order to verify the information supplied on my application and recertification. It is understood and agreed to that this authorization or the information obtained with its use may be given to and used by HUD and/or the Garden Grove Housing Authority in the administration and enforcement of program rules and regulations and that HUD and the Garden Grove Housing Authority may in the course of its duties obtained such information from other Federal, State or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration, and State welfare and food stamp agencies. I also understand that further documentation may be required by HUD and/or the Garden Grove Housing Authority to verify the same information pertaining to individual family members, pursuant to 24 C.F.R. 750.10 and 24 C.F.R. 813.109.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. I declare that the information provided on this form to be true and accurate.

_____	_____	_____
Full Name (Print)	Signature	Date
_____	_____	_____
Full Name (Print)	Signature	Date
_____	_____	_____
Full Name (Print)	Signature	Date
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Full Name (Print)	Signature	Date
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Full Name (Print)	Signature	Date