

**HOUSING AUTHORITY OF THE CITY OF FT. MYERS, FLORIDA**

4224 Renaissance Preserve Way, Fort Myers, Florida 33916

(239) 344-3220 FAX: (239) 344-3273 TDD (800) 955-8771

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Fort Myers information or materials needed to complete and verify my application for housing assistance and /or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be requested; this includes but is not limited to:

Identity and Marital Status                      Residences and Rental Activity      Income  
Medical or Child Care Allowances              Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous Landlords (including                      Veteran Administration                      Retirement/Pensions  
Public Housing Agencies)                      Welfare Agencies                      Courts and Post Offices  
Law Enforcement Agencies                      Schools and Colleges                      Social Security Admin.  
Support and Alimony Providers                      Credit Bureaus and Providers                      Utility Companies  
Medical and Child Care Providers                      Financial Institutions                      Credit/NCIC Reporting Agencies

I understand and agree that the Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertifications. If a computer match is done, I understand that I have the right to exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Services; Social Security Agency and State Welfare and Food Stamp Agencies.

I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect for so long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

**Signature**

**Print Name**

**Date**

**Head:** \_\_\_\_\_  
**Spouse:** \_\_\_\_\_  
**Adult Member:** \_\_\_\_\_

Utility Use:  
**Address:** \_\_\_\_\_ **Apt No:** \_\_\_\_\_  
**FPL Customer No:** \_\_\_\_\_ **Bdrm Size:** \_\_\_\_\_  
**Water District Customer No:** \_\_\_\_\_

