

HOUSING AUTHORITY OF THE CITY OF FT. MYERS, FLORIDA

4224 Michigan Avenue, Fort Myers, Florida 33916
(239) 344-3220 FAX: (239) 344-3273 TDD (239) 461-7263

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

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: _____