THE FORT PAYNE HOUSING AUTHORITY (FPHA)
203 13th Street N.W. Fort Payne, Alabama 35967
Telephone (256) 845-0424 Fax (256) 845-7825

AUTHORIZATION FOR RELEASE OF INFORMATION

Consent: I authorize and direct any Federal, State, or local agencies, organization, business, or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Public Housing Program, Section 8 Voucher Program and/or any other program administered by the FPHA. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or FPHA staff to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies of the FPHA.

Information Covered: I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, including but are not limited to:

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

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

Previous Landlords (Including Public Housing Agencies)	Medical and Child Care Providers Retirement Systems	State Unemployment Agencies Social Security Administration
Courts and Post Offices	Utility Companies	Support and Alimony Providers
Schools and Colleges	Past and Present Employers	Veterans Administration
Law Enforcement Agencies	Welfare Agencies	Banks and other Financial Institutions Credit Providers and Credit Bureaus

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the FPHA Office. I understand I have the right to review my file and correct any information that I can prove is incorrect. This consent form expires **15** months after signed.

Head of Household Signature	Head of Household Print Name	Date
Spouse/Members 18 and over Signature	Spouse/Member 18 and over Print Name	Date
Members 18 and over Signature	Member 18 and over Print Name	Date
Members 18 and over Signature	Member 18 and over Print Name	Date

Penalties for Misusing this Consent:
HUD, the FPHA and any owner (or any employee of HUD, the FPHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent from.

Use of the information collected based on this from is restricted to the purposes cited on this from. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an application or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the FPHA or the owner responsible for the unauthorized disclosure of improper use. Original is retained by this Agency.