



WAYNE METROPOLITAN HOUSING AUTHORITY

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct my Federal, State or Local agency organization or individual to release to the Wayne Metropolitan Housing Authority any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the HUD Family Self-Sufficiency Program. I understand and agree that this authorization or 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.

Groups and individuals that may be contacted by the WMHA to release or exchange information include, but are not limited to:

Previous Landlords (including public housing agencies)	Courts & Post Offices
Law Enforcement Agencies	Schools & Colleges
State Unemployment Agencies	Utility Companies
Banks & Financial Institutions	Creditors & Credit Bureaus
Welfare Agencies, Social Offices	Veterans' Affairs & Offices

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in the housing assistance programs named above.

I agree that a photocopy of this authorization may be used for the above-stated purposes. The original of this authorization is on file with the Wayne Metropolitan Housing Authority.

_____ Signature of Head of Household	_____ (Print Name)	_____ Date
_____ Spouse	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

ARI.fm