



CONSENT FOR RELEASE OF INFORMATION

This signed consent to release information broadens the scope of verification permissions and, along with the Authorization for the Release of Information/ Privacy Act Notice, authorizes HUD and the Columbiana Metropolitan Housing Authority (CMHA) Housing Choice Voucher (HCV) and/or Public Housing Programs to request the following:

1. Verification of salary and wages from current or previous employers.
2. Wage and unemployment compensation claim information from the appropriate state agency.
3. Benefit information from the U.S. Social Security Administration.
4. Certain tax return information from the U.S. Internal Revenue Service.
5. Verification of assets and other information from financial institutions.
6. Verification of childcare expenses for children age 12 and younger (including foster children) that enable a family member to work/attend school and is not reimbursed by an agency or other individual.
7. Verification of disability assistance expenses incurred to cover care attendants and auxiliary apparatus for any family member who is a person with disabilities that enable an adult household member to work.
8. Verification from a medical care provider of a family member's disability (as defined by HUD) as well as regular and ongoing anticipated expenses which are not covered by an outside source such as insurance, including drug treatment centers.
9. Alimony or child support information, including frequency and amounts of payments actually received, from the enforcement agency responsible for keeping that information.
10. Verification of regular contributions and gifts (monetary or not) from persons outside the assisted household such as rent, utility payments, and other cash or non-cash contributions provided on a regular basis.
11. Student enrollment status and financial assistance information from accredited educational institutions and training providers.
12. Welfare assistance information from the appropriate state agency, including any adjustments or reductions.
13. Criminal background information to determine initial and ongoing eligibility for the HCV Program.
14. Verification information from partnering or outside agencies for the purpose of determining eligibility and successful administration of the Housing Choice Voucher program.

Consent: I consent to allow CMHA to request and obtain personal information as specified above for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that CMHA, under this consent form, cannot use this information to deny, reduce or terminate assistance without first conducting an independent verification.

For your household, this general consent to release information form is valid as long as the participant remains in the CMHA Section 8 Housing Choice Voucher and/or Public Housing Programs.

Head of Household	Date	Spouse/Co-Head	Date
Other Adult	Date	Other Adult	Date

