



**HARRISONBURG
REDEVELOPMENT AND
HOUSING AUTHORITY**

P.O. BOX 1071
HARRISONBURG, VA 22803
Phone/VTDD 540-434-7386 + Fax 540-432-1113

**LIVE-IN AIDE
AUTHORIZATION FOR RELEASE OF INFORMATION**

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Harrisonburg Redevelopment and Housing Authority (HRHA) any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under the Section 8 housing choice voucher program and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by HRHA or the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

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, include, but are not limited to:

- Identity & Marital Status Residences & Rental Activity Credit & Criminal Activity
- Employment, Income & Assets

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

GROUPS OR INDIVIDUALS 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 PHA's) Past & Present Employers Utility Companies
- Credit Providers & Credit Bureaus Law Enforcement Agencies
- Banks & Financial Institutions Social Security Administration Courts & Post Offices

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HRHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found, and a chance to disprove that information. HUD or HRHA may in the course of its duties 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, the U.S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above.

Live-In Aide Name	Signature	Date
Date of Birth	SSN	Phone #
Current Address	City, State, Zip	Landlord Name/#

EQUAL HOUSING OPPORTUNITY PROVIDER