

KENTUCKY HOUSING CORPORATION
AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Kentucky Housing Corporation (KHC) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 rental assistance program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or KHC to release information from my file to any Federal, State or local governmental agency.

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, included by are not limited to:

- Identity and Marital Status
- Employment
- Income
- Assets
- Medical and Child Care Allowances
- Criminal Activity

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:

- Past and Present Employers
- Veterans Administration
- Public Housing Agencies
- Social Service and Welfare Agencies
- Retirement Systems
- Courts
- Utility Companies
- Informal Support Providers
- State Unemployment Agencies
- Banks and Other Financial Institutions
- Social Security Administration
- Schools and Colleges
- Medical/Health Care and Childcare Providers
- Support and Alimony Providers
- Public Safety Providers

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or KHC may conduct computer-matching programs to verify the information supplied for my applications 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 incorrect information.

CONDITIONS

I agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file with KHC and will stay in effect for 15 months from the date signed. I understand I have a right to correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household Signature	Date	Print Name

Social Security Number of Head of Household		
_____	_____	_____
Spouse	Date	Print Name
_____	_____	_____
Other Family Member over age 18	Date	Print Name
_____	_____	_____
Other Family Member over age 18	Date	Print Name
_____	_____	_____
Other Family Member over age 18	Date	Print Name