



JACKSON COUNTY HOUSING AUTHORITY

P.O. Box 1209 • 300 North Seventh Street • Murphysboro IL 62966 • 618-684-3183 • Fax 618-684-3222

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose

The U.S. Department of Housing and Urban Development (HUD) and the above named Organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under the Low-Income Public Housing Program, Section 8 Program, and/or any housing assisted program.

I authorize the above named organization and HUD to obtain information about myself, or my family, that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD and the above name organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered

Inquiries may be made about, but not limited to:

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|-----------------------------|--|---|
| Childcare Expenses | Handicapped Assistance Expenses | Credit History |
| Identity and Marital Status | Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers | Employment, Income, Pensions and Assets |
| Resident and Rental History | Federal, State, Tribal or Local Benefits | |

Individuals or Organizations that may release information

Any individual or organization, including any governmental organization, may be asked to release information.

For example, information may be requested from, but not limited to:

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|---|--|-------------------------------------|
| Banks and other Financial Institutions | Courts and Law Enforcement Agencies | Credit Bureaus |
| Employers, past and present | Landlords | U.S. Social Security Administration |
| Schools and Colleges | Utility Companies | U.S. Department of Veterans Affairs |
| Welfare Agencies | Providers of: Alimony, Child Care, Child Support, Credit, Handicap Assistance, | |
| Medical Care, Pension and Annuities, and/or any other monetary support. | | |

Computer Matching Notice and Consent

I agree that a Public Housing Agency or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental agencies include, but are not limited to:

- | | |
|-------------------------------------|-----------------------------------|
| U.S. Office of Personnel Management | U.S. Postal Service |
| U.S. Social Security Administration | State Employment Agencies |
| U.S. Department of Defense | State Welfare/Food Stamp Agencies |

The match will be used to verify information supplied by the family.

Conditions

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

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

_____ Signature	_____ Date	_____ Signature	_____ Date
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~~~~~ DO NOT WRITE BELOW – OFFICE USE ONLY ~~~~~

|                         |                         |              |
|-------------------------|-------------------------|--------------|
| _____<br>Printed Name   | _____<br>Printed Name   |              |
| Social Security # _____ | Social Security # _____ |              |
| _____<br>Sex            | _____<br>Race           | _____<br>DOB |

U.S. DEPARTMENT of HOUSING and URBAN DEVELOPMENT  
Office of Inspector General

## Things You Should Know

Don't risk your chances of Federally Assisted Housing by providing false, incomplete or inaccurate information on your application and recertification forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud:** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application, certification, or recertification forms contain false or incomplete information, you may be: 1) Evicted from your apartment or house; 2) Required to repay all overpaid rental assistance you received; 3) Fined up to \$10,000; 4) Imprisoned up to 5 years; and/or 5) Prohibited from receiving future assistance. Note: Your State and local governments may have other laws and penalties as well.

**Asking Questions:** When you sit down with Housing Authority personnel, you should know what is expected of you. If you do not understand something, please say so. Personnel will assist you with understanding program guidelines.

### **Completing the Application**

**Income** When you give your answers to the application questions, you must include the following information: 1) All sources of money you and any members of your family receive (wages, welfare payments, alimony, social security, pensions, etc.); 2) Any money you receive on behalf of your children (child support, social security, etc.); 3) Income from assets (interest from a savings account, credit union, or Certificate of Deposit: dividends from stock, etc.); 4) Earnings from any other job; 5) Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets** 1) All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and/or any other adult member of the household who will be living with you. 2) Any business or asset you sold in the last 2 years for less than its full value, such as your home sold to your children.

**Family/household members** Names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.

**Signing the Application** 1) Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. 2) When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. 3) Information you give on your application will be verified by the Housing Agency. In addition, HUD may conduct computer matches of the income you report to various Federal, State, or private agencies to verify your reported information is correct.

**Recertifications** You must provide updated information at least once a year. *The Jackson County Housing Authority requires that you report any change of income or family/household composition within 30 days of the change. The change(s) MUST be reported in writing.* During annual and interim recertification's, you MUST report 1) All income changes, such as pay increases or benefits, change of jobs, loss of benefits, etc., for ALL household members; 2) Any family/household who has moved in or out; 3) All assets that you or your family/household members own and any assets that were sold in the last 2 years for less than full value.

**Beware of Fraud** You should be aware of the following fraud schemes: 1) Do not pay any money to file a Housing Application. 2) Do not pay for anything not covered by your lease. 3) Do not pay any money to move up on the waiting list. 4) Get a receipt for any money you pay. 5) Get a written permission if you are required to pay any money other than rent such as maintenance charges.

**Reporting Abuse** If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or the PHA. If you cannot report the abuse to the manager, call the HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, D.C. 20410.

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Tenant/Applicant Signature

\_\_\_\_\_  
Date

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Tenant/Applicant Signature

\_\_\_\_\_  
Date