

Jackson County Development Corporation - Walker Hill Apartment Complex
PO Box 1209, Murphysboro, IL 62966 (618)684-3183 Fax (618)684-3222

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose

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 Rural Economic Development Housing Assisted Program.

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

I authorize the above named organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered

Inquires may be made about, but not limited to:

Childcare Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions and Assets
Federal, State, Tribal or Local Benefits

Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Resident and Rental History

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:

Banks and other Financial Institutions
Credit Bureaus
Landlords
Schools and Colleges
U.S. Department of Veterans Affairs

Courts and Law Enforcement Agencies
Employers, past and present
U.S. Social Security Administration
Utility Companies
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 the above named Organization 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. Social Security Administration
U.S. Department of Defense

U.S. Postal Service
State Employment Agencies
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 _____

S.S.# _____

This consent form expires 15 months after signed.