



t# _____

homeforward**AUTHORIZATION FOR RELEASE OF INFORMATION**

PURPOSE Home Forward (a new name for the Housing Authority of Portland) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

INDIVIDUALS OR ENTITIES REQUESTED TO RELEASE INFORMATION Any individual or entity, including governmental organizations and service providers, may be asked to release information. Failure of the Applicant or Participant to sign this form may result in the denial of eligibility or termination of assisted housing benefits, or both. Potential sources will include:

Public Housing Authorities
Banks, Credit Bureaus, and Financial Institutions
Courts and Law Enforcement Agencies
Employers, Past and Present
Landlords, Past and Present
Training or Apprentice Programs, Schools, Colleges
Utility Companies
State Agencies, such as, Dept. of Human Services, Motor Vehicles, Aging Services, Revenue, etc.
U.S. Offices, e.g., Social Security, Veterans Affairs, Bureau of Citizenship & Immigration Services,
Health and Human Services, Postal Service, Internal Revenue, etc.
Social Service, Private Service Providers and Medical Personnel
Providers of Alimony, Child Care, Child Support, Disability Assistance, Medical Care,
Pensions/Annuities, and Providers of Credit
Other: _____

INFORMATION COVERED Information shared with Home Forward, or shared by Home Forward with the above entities concerning eligibility for housing assistance may include:

Information relevant to enrolling and participating in Rent Well classes
Personal Identification and Social Security Numbers
Citizenship or Immigration Status
Child Care Expenses
Credit History, Financial Concerns
Criminal Activity, Court and Legal Issues
Family Composition and Marital Status
Employment and Training
Income, Pensions, Assets
Federal, State, Tribal or Local Assistance or Benefits
Expenses related to Disability, Medical, or Family Needs
Medical, Psychological, or Psychiatric Issues, in conformance with HIPAA requirements.
Housing Needs and Rental History

AUTHORIZATION This authorization is valid for 48 months from date shown below.

- I authorize the release of any information (documentation and materials) pertinent to eligibility for or participation in Housing Programs provided by Home Forward.
- I agree that photocopies of this authorization may be used for the purposes stated above. I understand that if I do not sign this authorization, my application for housing assistance may be denied, or my receipt of housing assistance may be terminated.
- I agree to provide an assigned Social Security No. (or Certification that no number has been assigned) for each household member.

Head of Household (Signature) Date_____
Spouse or Other Adult (Signature) Date_____
Other Adult Date_____
Other Adult Date

Rev 12/2012