



# Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - TEL: (510) 747-4300 - FAX: (510) 864-0879 - TDD: (510) 522-8467

## AUTHORIZATION TO RELEASE INFORMATION

### TO WHOM IT MAY CONCERN:

I hereby authorize and consent to allow the Housing Authority of the City of Alameda to request and obtain income and status information from the sources listed below to verify eligibility and level of benefits under the HUD's assisted housing program.

This consent form expires **15 months** after signed.

### *Signatures:*

_____ Name of Head of Household	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of Co-Head or Spouse	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date
_____ Name of other family members +18 years	_____ Signature	_____ Social Security No.	_____ Date

### STOP DO NOT WRITE BELOW THIS LINE

#### FOR HOUSING AUTHORITY USE ONLY.

1. \_\_\_\_\_ Department of Social Services
2. \_\_\_\_\_ Department of Veterans Affairs
3. \_\_\_\_\_ Social Security Administration
4. \_\_\_\_\_ District Attorney's Office of the Family Support Division
5. \_\_\_\_\_ Title Insurance of Property Transaction, Escrow number \_\_\_\_\_
6. \_\_\_\_\_ Life Insurance
7. \_\_\_\_\_ Credit Reports or Credit Application for \_\_\_\_\_
8. \_\_\_\_\_ Medical Record(s) Certification of Disability
9. \_\_\_\_\_ Verification of Admittance to Health Care Facility
10. \_\_\_\_\_ Verification of In-Home Support Services approval and services
11. \_\_\_\_\_ Child Care Verification
12. \_\_\_\_\_ Student Status Verification
13. \_\_\_\_\_ Release of Criminal Conviction History
14. \_\_\_\_\_ Release of Information from CA Police Departments
15. \_\_\_\_\_ Release of Information from CA Department of Corrections
16. \_\_\_\_\_ Release of Information from Department of Homeland Security
17. \_\_\_\_\_ Pensions/Annuities
18. \_\_\_\_\_ Other \_\_\_\_\_