



Housing Authority of the City of Alameda

PHONE (510) 747-4300
FAX (510) 522-7848
TTY/TRS 711

701 Atlantic Avenue • Alameda, California 94501-2161

RELEASE OF INFORMATION FORM

Complete, Sign and Return this Paperwork to:

Housing Authority of the City of Alameda
701 Atlantic Avenue, Alameda CA 94501

Fax: (510) 522-7848 Email: HAinfo@alamedahsg.org

Please Note: This form is to request the release of the information regarding a tenant, applicant, or participant in one of the subsidized programs managed by The Housing Authority of the City of Alameda (AHA).

The AHA responds to issues pertaining to programs and housing within the City of Alameda, CA only. This authorization may be revoked at any time.

INFORMATION REGARDING THE APPLICANT, PARTICIPANT, OR TENANT

First Name:			
Last Name:			
Street Address:			
City:		Zip Code:	
Email Address:			
Home Phone:	() -	Cell Phone:	() -

Please Circle One:

Have you already contacted another person at the Housing Authority on this matter?	No	Yes
If Yes, which office and when?		

The undersigned authorizes staff of the Housing Authority of the City of Alameda to provide any otherwise confidential information about my tenancy in housing owned by AHA, or about my participation in the Housing Choice Voucher program or any other program administered by AHA.

Name of agency/person(s) to whom the information may be released:



Please describe any limitations on the information which may be released to these parties (including duration of release, types of information, methods of transmission such as phone, email or fax etc.)

If there are other adult members of the household, all members must sign if their information is also being requested for release.

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Date

OFFICE USE ONLY ATTN: _____

