

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any federal, state or local agency, organization, business or individual to release to LANDLORD PROTECTION AGENCY any information or materials needed to complete and verify my application for housing verify my income to qualify for housing and continued qualification under:

Conventional Housing Programs
Low Income Tax Credits
Rent Supplement

Rental Assistance Payment (RAP)
Section 236
Section 8 Housing Assistance Payment Program

I give my consent for the release also for the minor children in my care, who live with me or not. I understand and agree that this authorization of information obtained with its use may be given to and used by Landlord Protection Agency to administer and enforce program rules and policies.

INFORMATION COVERED

I understand that depending on the program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be requested include, but are not limited to:

Identity and Martial status
Medical or Child Care Allowances

Employment, Income and Assets
Residences and Rental Activity

Credit and Criminal Activity
Social Security Number

I understand that this information cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the rental of housing.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the information (depending on the program requirements) include, but are limited to:

Current and/or Previous Landlords
(Includes Personal Housing Agencies)
Banks and Financial Institutions
Veteran’s Administrations
State Unemployment Agencies
Law Enforcement Agencies

Past and Present Employers
Welfare Agencies
Schools & Colleges
Medical & Child Care Providers
Utility Companies

Support and Alimony Providers
Courts and Post Offices
Credit Providers & Credit Bureaus
Retirement Systems
Social Security Administration

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that LANDLORD PROTECTION AGENCY may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer matching is done, I understand that I have the right to notification of any adverse information found, and a chance to disprove that information. LANDLORD PROTECTION AGENCY may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personal Management, The US Postal Service, Social Security Agency, State Welfare, and Food Stamp agencies.

ADDITIONAL AUTHORIZATION

I/we further authorize Data Stat, Inc. to provide to LANDLORD PROTECTION AGENCY, and to any potential investor or insurer of this credit transaction, state records of employment, including information reported by individual employers to the state, and income history, including the State Employment Security Agency Records. This authorization is for this credit/rental transaction only and continues in effect for 365 days from the date of applicant(s)’s execution of this consent unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed 365 days, allowed by law. I/We understand that our refusal to consent shall not be the basis for the denial of credit and that my/our decision to disclose is voluntary and not required by law.

CONDITIONS

I agree that a photo or a duplicate copy of this original authorization may be used for the purpose stated above. This authorization will stay in effect for 365 days from the date signed.

I give my permission to the Owner/Management, Agent and Assignee(s) listed on this form to give and receive information about me/us to and from any country or government human service agency. I know my records are protected by State and Federal Privacy laws. I must give written consent before records can be released or disclosed, unless the law allows it. I know I do not have to consent to this release.

_____	_____	_____
Printed <i>Full</i> Name of Applicant	Applicant’s Signature	Date
_____	_____	
Applicant’s Social Security Number	Management/Agent’s Signature	
_____	_____	_____
Printed Full Name of Co-Applicant	Co-Applicant’s Signature	Date
_____	_____	
Co-Applicant’s Social Security Number	Management/Agent’s Signature	