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AUTHORIZATION TO RELEASE INFORMATION

I/We hereby give my/our consent to have the Housing Authority of the County of Santa Cruz obtain any and all information deemed necessary to determine or redetermine my/our eligibility for housing assistance. Therefore, I/we authorize the release of any of the information described below, as requested by the Housing Authority of the County of Santa Cruz.

I/We understand that this release of information includes the collection of information regarding my/our employment, Unemployment Insurance Benefits, any and all other benefits, child support and spousal support, bank accounts, any other income, asset or household information. Additionally, I/we give my/our consent to have the Housing Authority verify any childcare expenses, medical expenses, disability assistance expenses, full time student status and disability status, and criminal history.

I/we understand that this information may be disclosed to local public agencies and law enforcement for the purposes of ensuring program integrity and to prevent the misuse of public funds.

I/we understand that this information will be kept confidential and is being requested for the purpose of determining my/our eligibility for housing assistance.

I also authorize this form to be photocopied and used as an original.

ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN.

This consent form expires 3 years following the end of program participation

_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date