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# 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