

AUTHORIZATION FOR THE RELEASE OF INFORMATION

INFORMATION REQUESTED BY:

Moline Housing Authority
4141 11 Avenue A
Moline, IL 61265
309-764-1819

The Housing Authority of the City of Moline, hereafter known as the Housing Authority, utilizes this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of information (including documentation and other materials) pertinent to eligibility for or participation under any assisted housing programs administered by the Housing Authority. This authorization includes the information concerning:

Child Care Expenses	Criminal Activity
Credit History	Family Composition
Medical Expenses	Social Security Numbers
Identity and Marital Status	Residence and Rental History
Federal, State, Tribal, or Local Government Benefits	Handicapped Assistance Expenses
Employment, Income, Pensions, and Assets	

Any individual or organization, including any private or government organization, is authorized to release this information.

I agree that photocopies of this authorization may be used for the purpose stated above.

I agree that this authorization may be utilized to obtain information at any time during the eighteen (18) month period following the date this authorization is signed.

I also understand, that if I do not sign this authorization, my housing assistance may be denied or terminated.

Head of Household

Other Adult

Date

Date

Co-Head

Other Adult

Date

Date