

MCKEAN COUNTY HOUSING AUTHORITY
CONSENT OF RELEASE OF INFORMATION

I authorize and direct any Federal, State, or Local organization, business, or individual to release to the McKean County Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and/or Rural Development (USDA) in administering and enforcing program rules and policies.

INFORMATION COVERED

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

Identify and Marital Status
Medical or Child Care Allowance
Employment, Income, and Assets
Credit and Criminal Activity
Residences and Rental Activity

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Past & Present Employers
Courts and Post Offices	Welfare Agencies
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support and Alimony Providers	Veterans Administration
Retirement Systems	Medical & Child Care Providers
County & State Social Service Agencies	Children & Youth Agencies
Credit Providers & Credit Bureaus	United Postal Service
Banks & other Financial Institutions	Utilities Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD and/or Rural Development may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove that information. HUD and/or Rural Development may in the course of its duties exchange such automated information with other Federal, State, and Local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITONS

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

_____	_____
Head of Household	Date
_____	_____
Spouse/Co-Head	Date
_____	_____
Adult Member	Date
_____	_____
Adult Member	Date

PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD, THE PHA AND ANY OWNER (OR ANY EMPLOYEE OF HUD, THE PHA OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUEUSTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PATICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINE NOT MORE THAN \$5,000.00. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD, THE PHA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE.