

**BROCKTON
HOUSING
AUTHORITY**

Creating Windows Of Opportunity

**General Authorization for
Release of Information**

**Importante! Por favor haga traducir este aviso inmediatamente.
Saa se infomasyon impotan! Fe yon moun tradui li pou wou tout suite.
Importante! Mande traduzir este aviso inmediatamente.**

Name: _____

Address: _____

I, the above named individual, hereby authorize the Brockton Housing Authority (“BHA”) to verify the accuracy of information that I have provided, from the following sources:

- Social Security Administration
- Veterans Administration
- Department of Defense
- U.S. Postal Service
- Law Enforcement Agencies
- Schools and Colleges
- Pharmacies
- Sources for Child Support & Alimony
- Department of Public Welfare
- Courts
- Financial Institutions
- Sources for Annuities/Pensions
- Landlords: Past and Present
- Employers: Past and Present
- Child Care Providers
- Dept. of Employment and Training
- Other:

I understand that the information, which will be collected by the BHA, is used to manage the housing programs, to protect the public’s financial interest and to verify the accuracy of the information submitted. When permitted by law, it may be released to government agencies, other housing authorities and to court or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and used only by the BHA staff in the course of their duties.

I hereby give you my permission to release information to the BHA, subject to the conditions listed above. I would appreciate your prompt attention in supplying the information requested on the attached page to the BHA within five (5) days of receipt of this request. This authorization is valid for a period of one year from the date noted below. I understand that a photocopy of this authorization is as valid as the original.

(Signature)

(Date)