

**LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ & SIGN THIS FORM**

**PURPOSE**

The Lawrence-Douglas County Housing Authority (LDCHA), herein after referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

**AUTHORIZATION**

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority.

I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

**INQUIRIES MAY BE MADE ABOUT**

- |                                 |  |
|---------------------------------|--|
| Child Care Expenses             | Medical Expenses                         |
| Handicapped Assistance Expenses | Family Composition                       |
| Credit History                  | Social Security Numbers                  |
| Identity and Marital Status     | Employment, Income, Pensions and Assets  |
| Criminal History and Activity   | Residences and Rental History            |
| Law Enforcement Records         | Federal, State, Tribal or Local Benefits |
| Probationary Records            | Community Support Assistance             |

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE**

- |  |                           |
|--|---------------------------|
| Banks and Other Financial Institutions       | Providers of:             |
| Local/State/Federal Courts                   | Alimony                   |
| Local/State/Federal Law Enforcement Agencies | Child Care                |
| Credit Bureaus                               | Child Support             |
| Employers, Past and Present                  | Credit                    |
| Schools and Colleges                         | Handicapped Assistance    |
| Landlords                                    | Medical Care/Services     |
| Local Community Social Service Agencies      | Pensions/Annuities        |
| Utility Companies                            | Mental Health Services    |
| State Welfare Agencies                       | Substance Abuse Treatment |

**CONDITIONS**

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in LDCHA housing programs or a resident in a LDCHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the LDCHA.

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SOC SEC. # \_\_\_\_\_

SOC SEC. # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_



**APPLICANT/TENANT**  
**EMERGENCY CONTACT FORM**

The following information is needed so LDCHA staff can quickly get in touch with you in case of emergency, to make offers of housing assistance, to confirm reported information or otherwise facilitate your application and housing assistance. Information in your applicant/tenant record is confidential under the LDCHA Open Records Policy. If you need more space, please use the back of the form or attach extra pages.

**APPLICANT/TENANT CURRENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Person's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**“FOR SURE” CONTACT INFORMATION**

**Please provide numbers where a message can be left that you will get within 48 hours.**

Contact Person's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**REPORT ANY CHANGES IN YOUR CONTACT INFORMATION  
AS SOON AS THEY OCCUR.  
THANK YOU**