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durhamhousingauthority.org

A Commitment to Quality Living

BLANKET AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize and direct any Federal, State or local agency, organization, business or individual to furnish information concerning myself and/or my household to the Housing Authority of the City of Durham (DHA) and/or duly authorized representative of Durham Housing Authority. This information will be used to determine occupancy eligibility and the rent amount of federally subsidized housing assistance.

I am aware that this form may be used to collect sensitive information, which is protected by the Privacy Act. This information will not be disclosed or released outside of Durham Housing Authority except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors.

The groups or individuals that may be asked to release information include but are not limited to:

- | | |
|--|--|
| <input type="checkbox"/> Criminal background screening agencies/Law enforcement agencies | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Childcare Providers | <input type="checkbox"/> Banks & other Financial Institutions |
| <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> Retirement & Investment Services |
| <input type="checkbox"/> Courts and Post Offices | <input type="checkbox"/> Credit Providers & Credit Bureaus |
| <input type="checkbox"/> Schools and Colleges | <input type="checkbox"/> Previous landlords (including Public Housing) |
| <input type="checkbox"/> Medical Professionals & Facilities | <input type="checkbox"/> Shelter/Transitional Housing Facilities |
| <input type="checkbox"/> Utility Companies | |

I agree that a photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original of this authorization is on file with Durham Housing Authority and will stay in effect 15 months from the date signed.

If I or any adult members of my household fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both. I understand that I have a right to review my file and provide updated information that substantiates any errors.

HEAD OF HOUSEHOLD'S PRINTED NAME

SIGNATURE

DATE

SPOUSE'S PRINTED NAME

SIGNATURE

DATE

OTHER ADULT MEMBER PRINTED NAME

SIGNATURE

DATE

OTHER ADULT MEMBER PRINTED NAME

SIGNATURE

DATE

Rev: 05/09