

LINCOLN HOUSING AUTHORITY

AUTHORIZATION TO RELEASE INFORMATION

PLEASE USE BLACK INK

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

Your signature on this form, and the signature of each member of your household who is 18 years of age and older, authorizes the Lincoln Housing Authority to use this authorization and the information obtained with it, to administer and enforce rules and policies.

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: Banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlord, past and present employers, Social Security Administration, Veterans Affairs, Welfare agencies, utility companies, unemployment compensation, pension/annuities, child care providers and the US Post Office.

I hereby authorize the above persons, firms or corporations to make available any documents or records to the Housing Authority of the City of Lincoln for inspection and copying.

I authorize you to verify the above information through a consumer reporting agency. This agency is Tenant Data Services, Inc. (800)228-1837. The function of this agency is to track and maintain records, such as your resident conduct and personal credit history. Tenant Data Services, Inc. will also obtain a credit report on all applicants.

This authorization will be valid for the period of time I remain an applicant and/or tenant of the Housing Authority of the City of Lincoln, Nebraska.

Applicant Signature & Date

Witness Signature & Date

**#H-003
Rev 06/04**