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### AUTHORIZATION TO RELEASE INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of North Las Vegas any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

Identity and Marital Status	Residences and Rental Activity	Income
Medical or Child Care Allowances	Credit and Criminal Activity	

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

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 (Including Retirement/Pensions)	Veterans Administration	
Public Housing Agencies	Welfare Agencies	Courts and Post Offices
Law Enforcement Agencies	Schools and Colleges	Social Security Administration
Support and Alimony Providers	Credit Bureaus and Providers	Utility Companies
Medical and Child Care Providers	Financial Institutions (Banks)	

I understand and agree that the Housing Authority 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 a right to exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Services; Social Security Agency and State Welfare and food stamp agencies.

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for so long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

<u>Signatures</u>	<u>Print Name</u>	<u>Date</u>
Head:		
Spouse:		
Adult Member:		
Adult Member:		
Adult Member:		