



400 East Tuscarawas Street - Canton, OH 44702

PH: 330-454-8051 FX: 330-580-9000 RELAY 1-800-750-0750

www.starkmha.org



Release of Information

By my signature below, I hereby authorize Stark Metropolitan Housing Authority to verify all information I have provided to the housing authority relating to my application for or participation in SMHA housing programs.

I understand and agree that this authorization and/or the information obtained with this authorization may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also authorize SMHA to share information with and obtain information from other Federal, State or Local agencies, individual(s) or professionals as deemed necessary in the provision of assisted housing and in administering and enforcing program rules and policies in accordance with HUD regulations.

Previous Landlords

Current Landlords

Law Enforcement Agencies

Banks & Financial Institutions

Welfare Agencies, Social Offices

Employment & Unemployment Bureaus

Qualified Third Party Verifier – Other Provider

Courts & Post Offices

Schools & Colleges

Utility Companies

Creditors & Credit Bureaus

Veterans' Affairs & Offices

Qualified Third Party Verifier – Medical Provider

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in any subsidized housing program that SMHA administers and that I am applying for or participating in.

I agree that a photocopy of this authorization may be used for the above-stated purposes. The original of this authorization is on file with Stark Metropolitan Housing Authority.

Head of Household

Date

Applicant/Participant

Date

Applicant/Participant

Date

Applicant/Participant

Date

SMHA Representative

Date

This authorization is valid for a period of 15 months from the date of signature