



400 East Tuscarawas Street Canton, Ohio 44702-1131
Phone: (330) 454-8051 Fax: (330) 580-9000 Relay 1-800-750-0750
Web: www.starkmha.org



Permission to Obtain Income / Benefit Information Via User Name & Password

I, _____ give permission to Stark Metropolitan Housing Authority to obtain my benefit / income information and payment history via the internet utilizing the website of the agency listed below. I understand that in order to access this information, a User Name and Password will have to be established on the appropriate website. Additionally, I understand that the established User Name and Password will be kept on this form and in my file at SMHA in the event this information would need to be accessed again in the future by SMHA personnel. This information would be accessed for required verification purposes only.

Type of Benefit Being Received: _____

If Child Support, Ordering County: _____

Established User Name: _____

Established Password: _____

PERSON RECEIVING BENEFIT: _____

SOCIAL SECURITY NUMBER: _____

Signature (electronic)

Date