



The Housing Authority of Cook County
175 West Jackson Boulevard, Suite 350
Chicago, Illinois 60604
(312) 663-5447
www.thehacc.org

Client _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Housing Authority of Cook County (the HACC) any information or materials needed to process eligibility for the HACC any information or materials needed to process eligibility for the to the HACC any information or materials needed to process eligibility for the rental assistance programs.

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

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Inquiries and verifications that may be requested, include but are not limited to:

- | | |
|--------------------------------|----------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Residences and Rental Activity | Medical or Child Care Allowances |
| Credit and Criminal Activity | |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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 Public Housing Agencies) | Past and Present Employers |
| Welfare Agencies | Veteran Administration |
| Courts and Post Offices | Retirement Systems |
| Banks & other Financial Institutions | State Unemployment Agencies |
| Social Security Administration | Schools and Colleges |
| Law Enforcement Agencies | Credit Providers and Credit Bureaus |
| Utility Companies | Medical and Child Care Providers |
| | Support and Alimony Providers |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file with the HACC and will stay in effect for a year and one month from the date signed. I understand that I have the right to review my file and correct any information I can prove is incorrect.

_____ Signature: Head of Household	_____ Print Name	_____ Date
_____ Signature: Other adult	_____ Print Name	_____ Date
_____ Signature: Other adult	_____ Print Name	_____ Date
_____ Signature: Other adult	_____ Print Name	_____ Date



WARNING: 18 U.S.C. 1001 provides, among others, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.

Revised 8/2019