

ARLINGTON HOUSING AUTHORITY

4 WINSLOW STREET
ARLINGTON, MASSACHUSETTS 02474-3062

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

Social Security #: _____

I, the above named individual, have authorized the Arlington Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

Criminal activity, CORI, Courts, law enforcement agency, credit bureau, employment (past and present wages, Pensions/Annuities), self-employment income, US Social Security Administration (Social Security, SSI Benefits, Social Security numbers), State Welfare Agencies (TAFDC, General Relief, etc.), State Employment Security Agencies, (unemployment benefits), Health and Accident, Insurance and Workman's Compensation, US Department of Veteran's Affairs, Federal, State and local benefits, bank and other financial institutions (asset income, interest, IRA, CD's, Stocks & Bonds, etc.), Court records (alimony, child support), family composition, credit history, identity & marital status, handicapped assistance expenses, medical care, medical insurance premiums & expenses, school & college (tuition & fees), child care expenses (day care).

I hereby give you my permission to release this information to the Arlington Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

_____ Date signed: _____

(signature)

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM
THE DATE NOTED ABOVE.**