



South Hadley Housing Authority

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME

ADDRESS

I, the above named individual, have authorized the South Hadley Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

Wages, Cash, Lottery winnings, Alimony, Banks, Interest, Dividends, CD, Stocks, Bonds, Income from trust or inheritance, Foster Care, Regular contributions, Unemployment Compensations, Schools, Colleges, Social Security, SSI, SSDI, AFDC, General Relief, Veterans Administration, Child Support, DOR, Child Support Agencies, Child Care, Child Care Providers, Veterans Benefits, Pensions, Employers, Medical expenses, Medical Insurance, and other.

I hereby give you my permission to release this information to the 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.

Signature

Date

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

EQUAL HOUSING OPPORTUNITY

