



Authorization for the Release of Information

Massachusetts Department of Housing & Community Development ("DHCD")

Purpose:

DHCD and the U.S. Department of Housing and Urban Development ("HUD"), and administering agencies, including Metro Housing Boston, may use information, data, documents and other materials ("information") obtained with this Authorization for any of the following purposes:

- To verify salary, wages and assets
- To request certain tax return information from the U.S. Social Security Administration and IRS
- To administer and enforce program rules and policies.
- To determine initial and continuing eligibility for programs
- To determine the appropriate bedroom size
- To determine the amount your family will pay toward rent and utilities
- To analyze utility consumption data for purposes related to energy conservation
- To comply with HUD and other laws, rules and regulations
- To make referrals to other DHCD funded programs or MTW initiatives for recruitment and outreach purposes (there is no obligation to participate in these programs)
- To inform external evaluations or academic research conducting reviews of DHCD programs and MTW initiatives with the goal of analyzing program usage, or increasing program efficiency and efficacy
- For certain routine uses, such as to other government agencies for law enforcement
- To federal agencies for employment suitability
- To housing authorities for the purpose of determining housing assistance

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Authorization and Expiration of Authorization:

This Authorization will expire in 15 months, if recertification is annual, in 27 months, if recertification is biennial, and in 39 months, if recertification is triennial, after the date set forth below.

I authorize the release, at all times while this Authorization remains in effect, to DHCD, HUD, and/or their agents and administering agencies, of any information about me, my family or the leased premises that is pertinent to any of the purposes

specified above, including my initial and continuing eligibility for participation in any of DHCD's rental assistance programs.

Individuals or Organizations That May Release Information:

Any individual, governmental or other organization including the following is hereby authorized to release information at any time while this Authorization remains in effect:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers (past and present)
- Landlords
- Schools and Colleges
- State Wage Information Collection Agencies (This consent is limited to wages and unemployment compensation received during period(s) within the last 5 years when assisted housing benefits have been received)
- U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends])
- U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code)
- U.S. Department of Veterans Affairs
- The Massachusetts Department of Revenue
- Utility Companies
- Welfare Agencies
- Department of Revenue
- Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities
- Registry of Motor Vehicles
- INS/SAVE
- Federal, State, Tribal, or local agencies that conduct computer-matching programs

HUD and DHCD are required to protect the income information they obtain in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. DHCD is also required to protect the income information it obtains in accordance with any applicable State privacy law. Private owners may not request or receive information authorized by this form.

Failure to Sign Consent Form:

Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to DHCD's grievance procedures and Section 8 informal hearing procedures.

Conditions:

I agree that photocopies of this Authorization may be used for the purposes stated on this Authorization for Release of Information form.

I understand that Information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the Information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by Law. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

I understand that, if I do not sign this Authorization, my housing assistance may be denied or terminated.

Printed Name of Head of Household	Signature of Head of Household	Date
Printed Name of Co-Head of Household	Signature of Co-Head of Household	Date
Printed Name of Spouse	Signature of Spouse	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is eligible to receive a Social Security number.

Other Uses. HUD and DHCD use your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide.

Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members eligible to receive a Social Security Number, have and use. Giving the Social Security Numbers of all household eligible to receive a Social Security Number is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval

Penalties for Misusing this Consent: HUD and DHCD and any owner (or any employee of HUD, DHCD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this Release Form is restricted to the purposes cited on this Release Form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, DHCD or the owner responsible for the unauthorized disclosure or improper use.