

Housing Initiatives, Inc
1110 Ruskin Street, Madison, WI 53704
Phone 608-277-8330 / Fax 608-277-1726

RELEASE OF INFORMATION CONSENT

I/We hereby authorize HOUSING INITIATIVES, INC. to obtain INCOME, ASSET, MEDICAL, CHILDCARE AND HANDICAPPED CARE EXPENSE information from current and previous entities (including but not limited to employers, financial institutions, insurance companies, pension plans and administrators, medical providers, clinics, hospitals, pharmacies, daycare centers, social service agencies, any police department for a municipality in which I/We have residency, the social security administration and other governmental agencies at the local, state and federal levels that have a formal connection to subsidized housing, etc.) and/or persons that I/we have indicated on my/our current or previous certification(s)/application(s) as being the contact for providing such information. I/We understand this information will be used for the purpose of determining eligibility and/or calculating a level of benefits. I/We understand that my/our refusal to sign this consent form may result in the denial of benefits to which I/we may otherwise be eligible and may result in loss of my/our housing benefits. Some recipient(s) may not be subject to federal data privacy regulations and the information disclosed may be used or re-disclosed without those legal protections. I/We understand that I/we have a right to revoke this consent by written request to the address above, except to the extent that the disclosing party has taken action in reliance upon this consent. I/We understand that I/we am/are entitled to a copy of this consent and authorize Housing Initiatives, Inc. to make multiple copies of this consent to facilitate the collection of needed information.

PRINTED TENANT/APPLICANT NAME: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

TENANT SIGNATURE: _____ DATE: _____

PRINTED CO-TENANT/CO-APPLICANT NAME: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

CO-TENANT SIGNATURE: _____ DATE: _____

This authorization is valid for 13 months from the date of this authorization.

TENANT/APPLICANT CURRENT ADDRESS: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8).**



Housing Initiatives, Inc is an Equal Opportunity Provider

