



OPEN VERIFICATION AUTHORIZATION

I hereby authorize the Indianapolis Housing Agency (IHA) to obtain any and all information necessary to determine my eligibility under the Housing Choice Voucher Program.

I understand that such information will be kept confidential and will be used only for program purposes. This authorization is granted until expressly withdrawn in writing or my participation in the Section 8 Housing Choice Voucher Program is concluded.

I further authorize IHA to obtain from the Indianapolis Police Department and other law enforcement agencies any or all criminal records that they may have on file in my name and release the above noted agencies and their employees thereof from any liability arising from the release of this information.

I also authorize the Indianapolis Housing Agency to request verification of successful participation, and completion, of a drug-rehabilitation program.

Furthermore, I release the entity administering the drug-rehabilitation program and its employees thereof from any liability arising from the release of this information.

Privacy Act Notice
Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Fair Housing Act (42 U S C 3601-19). The Housing and Community Development Act of 1987 (42 UAC 3543) requires applicants and participants to submit the Social Security Number of each household member who is six (6) years old or older.
Purpose: To allow HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities by collecting your income and any other necessary information.
Other Uses: HUD uses 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. The information may be released to the appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.
Penalty: You must provide all of the information requested by the IHA, including all Social Security Numbers you, and all other household members aged six (6) years or older have or use. Giving the Social Security Numbers of all household members six (6) years of age and older 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.

Name: _____ Maiden Name (if applicable): _____
(PLEASE PRINT)

Signature: _____
DATE

Social Security Number: _____ Date of Birth: _____

WITNESSED BY: _____ Date: _____
(Signature of IHA representative)