



**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_

(Participant)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

CRIMINAL HISTORY SYSTEMS BOARD  
PERSONAL REFERENCES  
LANDLORD REFERENCES  
SOCIAL SECURITY  
PENSIONS/ANNUITIES  
SALARIES/WAGES  
DISABILITY BENEFITS  
WORKERS COMPENSATION  
OTHER

TRANSITIONAL ASSISTANCE  
UNEMPLOYMENT BENEFITS  
SUPPORT/ALIMONY PAYMENTS  
VETERAN'S BENEFITS  
FINANCIAL INSTITUTIONS  
LIFE INSURANCE  
MEDICAL EXPENSES  
CHILDCARE EXPENSES

I hereby give you my permission to release this information to the Salem Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Salem 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 assistance and cooperation in this matter.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date Signed

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

jgauth