



One Washington Street
Bath, ME 04530
www.planthome.org
Ph: 207.443.8991
Fax: 207.386.8897

AUTHORIZATION FOR RELEASE OF INFORMATION

Consent: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Plant Memorial Home, any information or materials needed to complete and verify my application for housing.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | |
|---------------------------------|--------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Childcare Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- | | | |
|--|--------------------------------|---------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration |
| Courts and Post Offices | Welfare Agencies | Retirement Systems |
| Schools/Colleges | State Unemployment Agencies | Banks/Financial Institutions |
| Law Enforcement Agencies | Social Security Administration | Credit Providers/Credit Bureaus |
| Support/Alimony Providers | Medical/Childcare Providers | Utility Companies |
| | Dept. of Human Services | Insurance Companies |

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for the duration of the tenancy from the date signed.

Household Member Signature: _____
«full_name»

Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its jurisdiction.



EQUAL HOUSING OPPORTUNITY

In accordance with Federal Law, USDA and HUD Policy, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 1-202-720-6382 (TDD). USDA is an equal opportunity provider and employer. U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call 1-800-669-9777. <http://www.hud.gov/complaints/housediscrm.cfm>

