

PLATTEVILLE HOUSING AUTHORITY
GENERAL AUTHORIZATION FOR RELEASE OF
INFORMATION

Applicant's Name:

Address:

To Whom It May Concern:

I am an applicant for Certification/Recertification in the Section 8 Housing Assistance Program. The information being requested on the enclosed form is for the purpose of determining my eligibility for rent subsidy, level of benefits and items for allowances and verifying my true circumstances.

I hereby give my permission to release this information and understand that it will be kept in STRICT CONFIDENCE and be used for program purposes only. I would appreciate your prompt attention in supplying the requested information and returning the form to the Platteville Housing Authority within FIVE days of receipt. If you have any questions regarding this form, please feel free to contract the Platteville Housing Authority at (608) 348-9741 Ext. 2233.

I understand that a photocopy of this release is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature of Head of Household

Date