

MDHA Representative

## Metropolitan Development and Housing Agency Rental Assistance Department

302 Foster Street • Nashville, Tennessee 37207
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www.nashville-mdha.org

## APPLICANT /TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other materials) pertinent to the eligibility for or participation in any housing program.

## Information and inquiries about:

Child Care Expenses
Citizenship
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets

Federal, State, Tribal, or Local Benefits Handicapped Assistance Benefits Identity and Marital Status Medical Expenses Social Security Numbers Residences and Rental History

## Individuals or Organizations that may Release Information:

Banks or other Financial Institutions Providers of Handicapped Assistance Courts **Providers of Medical Care** Pensions/Annuities Law Enforcement Agencies Schools and Colleges **Credit Bureaus** Employers, past and present U. S. Social Security Administration Landlords U. S. Department of Veteran Affairs **Providers of Alimony** U. S. Department of Immigration and Naturalization Providers of Child Care **Utility Companies Providers of Credit** Welfare Agencies

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Head of Household Signature

Date

Other Adult Signature

Date

Date

Entering a name or digital signature in above field constitutes a legal signature.

I certify that the above-named individual has read this document fully or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

Date

This form and supporting documents become a part of the applicant/participant file by reference.