



AUTHORIZATION TO RELEASE INFORMATION- RD



Property Name:

Frontier Apartments

Current Date:

Applicant/Resident Name:

Applicant/Resident SSN:

Spouse/Co-HofH SSN:

TO WHOM IT MAY CONCERN:

On behalf of the above named property, I/We hereby authorize any person, agency, or institution to supply information requested by **Integrity Management Company**, its employees and/or authorized representative, concerning my family or me. This information will be used to determine my eligibility for housing. **This authorization shall remain in effect until such time that I/We vacate the above named property.**

I/We understand that a **Rural Development/USDA Office** may conduct computer matching programs with other government agencies including Federal, State, Tribal, and/or Local agencies regarding income your household may receive. The government agencies include:

US Office of Personnel Management

US Social Security Administration

US Department of Defense

US Postal Service

State Employment Security Agencies

State Benefit & Other Economic Assistance Agencies

The match will be used to verify information supplied by your household.

By My/Our signature below, I/We acknowledge, understand and agree to this Release Authorization:

Signature:

Head of Household [HofH]

Date Signed:

Signature:

Spouse/Co-Head of Household

Date Signed: