



AUTHORIZATION TO RELEASE INFORMATION- RD



Property Name: 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: