



# AUTHORIZATION TO RELEASE INFORMATION- RD



Property Name:

High Tower Apts I & II

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: