



Housing Authority of Thurston County
 1206 12TH Ave SE Olympia, WA. 98501
 Tel: (360) 753-8292 Fax: (360) 586-0038
www.hatc.org

AUTHORIZATION TO RELEASE INFORMATION

The undersigned applicant has applied for rental assistance or is a participant in a rental assistance program. HUD requires the Housing Authority to verify all information that is used in determining this person's eligibility. The applicant/participants listed below consents to the release of information as indicated by their or their legal guardian's signature(s).

To be completed by applicant/participant: Print legal name, birth date, and Social Security of everyone at your address, including you.

Name of Family Member (first & last)	Birth Date	Social Security

I/We do hereby authorize the Housing Authority of Thurston County and its staff or authorized representative to contact any employers, financial institutions, agencies, school, law enforcement agencies, offices, groups, organizations, medical providers, individuals, or child care providers to obtain and verify any information or materials which are deemed necessary to determine my and my family's eligibility for federally-funded rental assistance programs.

 Signature of Head of Household Date Signature of Other Adult Date

 Signature of Other Adult Date Signature of Other Adult Date

This authorization expires 15 months after the date signed

