

General Authorization for Release of Information

Name: _____
Address: _____
Social Security Number: _____

I, the above named individual, have authorized the **Pittsfield Housing Authority** to verify with the following sources, the accuracy of the information which I have provided to the Housing Authority.

- Employers
- Public benefits (DET; DTA; Social Security; VA Benefits)
- Other Federal, State or Municipal pensions
- Interest on accounts
- Dividends on investments
- Income from trust funds
- Credit report, Criminal Record Check
- Lottery proceeds
- Child support payments, alimony
- Income from annuities, private pensions, IRA's or 401K Plans
- Workmen's comp or other health/accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to the household
- Income from self-employed business or profession
- Student status, scholarship information from schools
- Prior standings in Federal or State housing programs

I authorize you to release the information requested on the attached form to the **Pittsfield Housing Authority**, subject to the conditions that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original. **This authorization is valid for a period of one year from the date signed.**

Thank you for your assistance and cooperation in this matter.

Signature

Date Signed