

# The Housing Authority of The City of Douglas, Georgia

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Clara S. Graham, PHD  
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J. E. Neal  
Commissioners  
  
B. Evans  
Commissioners  
  
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## Authorization for the Release of Information

**Purpose:** The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Inquiries May be Made About:** Child care expenses, credit history, criminal activity, family composition, employment, income, pensions, assets, federal, state, tribal, or local benefits, handicapped assistance, expenses, identity and marital status, medical expenses, social security numbers, residences and rental history.

**Individuals or Organizations that May Release Information:** Banks and other financial institutions, courts, law enforcement agencies, credit bureaus, employers (past and present), landlords (past and present), schools and colleges, U.S. Social Security Administration, U.S. Department of Veterans Affairs, utility companies, welfare agencies and providers of: alimony, child care, child support, credit, handicapped assistance, medical care, and pensions/annuities.

**I authorize the Housing Authority of the City of Douglas to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.**

**I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation under the program.**

**I agree that photocopies of this authorization may be used for the purpose stated above.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature Date

Original is retained by the requesting organization. All adult members of the household over the age of 18 must sign.

Updated 8/4/16  
Approved 9/12/16