

Authorization for the Release of Information

Public Housing Authorities (PHA) and authorized agencies participating with, and requesting information in conjunction with STAYWell Housing

Abode Services 40849 Fremont Blvd. Fremont, CA 94538	Housing Authority of Alameda County 22941 Atherton Street Hayward, CA 94541	Oakland Housing Authority 1619 Harrison Street Oakland, CA 94612	Fred Finch Youth Center 3800 Coolidge Ave Oakland, CA 94602
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Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires that you sign a consent form authorizing: (1) Alameda County Shelter Plus Care (ACSPC), the Public Housing Authority (PHA) or authorized agencies and Housing and Urban Development (HUD) to request verification of salary and wages from current or previous employers; (2) ACSPC, the PHA / agencies and HUD to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) ACSPC, the PHA / agencies and HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, ACSPC, the PHA / agencies and HUD may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing ACSPC, the above-named PHAs / agencies and HUD to request income information from the sources listed on the form. ACSPC, the PHA / agencies and HUD need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. ACSPC, the PHA / agencies and HUD may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: ACSPCA, the PHA / agencies and HUD are required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to PHAs / agencies for the purpose of determining housing assistance. ACSPC and the PHA / agencies are also required to protect the income information it obtains in accordance with any applicable State privacy law.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the Alameda County Shelter Plus Care program are required to sign this consent form.

Your failure to sign the consent form may result in the denial of eligibility.

Groups or Individuals that may be asked for information include:

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| Previous Landlords (Including PHAs) | Welfare Agencies | Medical Providers |
| Law Enforcement Agencies | State Unemployment Agencies | Veterans Administration |
| Past and Present Employers | Social Security Administration | Retirement Systems |

Consent: I consent to allow ACSPC, the PHA / agencies and HUD to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that PHAs / agencies that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires upon departure from Shelter Plus Care.

Signatures:

Head of Household	Date	Other Household Member (over age 18)	Date
Social Security Number of Head of Household		Other Household Member (over age 18)	Date
Spouse	Date	Other Household Member (over age 18)	Date

Privacy Act Notice

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

The Privacy Act Notice above was read by or to me.

Head of Household

Date

Spouse

Date