

**AUTHORIZATION
for Release of Information**

CONSENT

I authorize and direct any Federal, State, or local agency organization, business, or individual to release to the North Andover Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to : State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service ; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

_____ Head of Household	_____ (Print Name)	_____ Date
_____ Spouse	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

BROCKTON HOUSING AUTHORITY

45 GODDARD ROAD
BROCKTON, MASSACHUSETTS 02401
TEL. 588-6880

DATE: _____

Dear Tenant:

PLEASE SIGN THIS FORM and MAIL TO YOUR SOCIAL WORKER SO WE MAY ADJUST YOUR RENT.

 A. Verifying income for eligibility for admission.

 X B. Re-examining income for continued eligibility.

Rental amounts are based on a fixed percentage of the tenant's income. In the case of a Public Assistance recipient, we ascertain total monthly income from two sources: (1) the individual's or family's public assistance grant; and (2) income from any additional sources. For the purpose of determining rent, income from public assistance, in all cases, will be the amount of the monthly grant, minus any non-basic/special needs. The Quarterly payments to families receiving public assistance (Flat Grant) will not be included as income.

The Authority will ascertain additional income from other sources directly from the tenant. The amount of Public Assistance plus any additional income will constitute Total Family Income.

NAME OF APPLICANT or TENANT: _____

ADDRESS: _____

FOR APPLICANT:

I hereby authorize the release of the following information to the Brockton Housing Authority.

Signature of Applicant

FOR TENANT:

S.S. # _____

Consent has been given by the tenant for the Housing Authority to verify income from Public Assistance through his lease agreement.

A. Recipient's actual assistance grant per month
Total of both checks _____

B. Deduct non-basic/special needs, if any,
(Medical diets, child care, training,
allowances, etc.) _____

C. Total Monthly Income from Public Assistance
to be reported for rent purposes is the
difference between A. and B. above. _____

Signature of Social Worker

NORTH ANDOVER HOUSING AUTHORITY
One Morkeski Meadows
P.O. Box 373
North Andover, Massachusetts 01845
(617) 682-3932

A U T H O R I Z A T I O N

I, _____, DO HEREBY AUTHORI
THE NORTH ANDOVER HOUSING AUTHORITY, AND ITS STAFF, TO CONTA
ANY AGENCIES, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN A
INFORMATION OR MATERIALS WHICH IS DEEMED NECESSARY TO COMPLETE
OR CONTINUE MY APPLICATION FOR PUBLIC HOUSING AND HOUSING ASSIS
PROGRAMS.

I UNDERSTAND THAT A PHOTOCOPY OF THIS RELEASE IS AS VALID
THE ORIGINAL.

SIGNED: _____

SIGNED: _____

DATE: _____

WITNESSED BY: _____

REVERE HOUSING AUTHORITY

WILLIAM G. PETRILLI
CHAIRMAN



FIORE CIARLONE
VICE-CHAIRMAN

JANICE E. FELT
MEMBER
D.C.A. REP.

ANDREW J. PROCOPIO, JR.
EXECUTIVE DIRECTOR

MAX MASOW
TREASURER

JOSEPH QUARANTELLA
LABOR REP.

70 COOLEGE STREET
REVERE, MASSACHUSETTS 02151
TEL. 284-4394

AUTHORIZATION TO THE REVERE HOUSING AUTHORITY TO OBTAIN
RELEASE OF PERSONAL INFORMATION

APPLICANT'S NAME _____

SOCIAL SECURITY # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BANK _____

SAVINGS BANK ACCOUNT _____

I authorize any public or private custodian of records to disclose to the Revere Housing Authority, and the Revere Housing Authority is authorized to release to Federal, State Government Agencies, Support Services Agencies, etc., any income records or information, about me or my family, relative to: Public Assistance, Social Services, Mental Health Evaluation & Supportive Services, Public Housing or Housing Rental Assistance application, or payments claim, during the period of my tenancy.

Other than which is authorized in the paragraph above, it is my understanding that any information obtained will be kept confidential by the Revere Housing Authority.

SIGNATURE OF APPLICANT

DATE: _____

WITNESSED BY:

14-1,2,3

REVERE HOUSING AUTHORITY
70 Cooledge Street
Revere, MA

2/15/89

SPECIAL NOTICE TO TENANT

In accordance with the Department of Housing & Urban Development, and the Executive Office of Communities & Development regulations, and the terms of your Dwelling Lease, we are required annually to check your total family income and family composition. We are enclosing a Form for Continued Occupancy to be completed by you and returned, in person, to this office NOT LATER THAN MARCH 15, 1989.

Please read your Continued Occupancy Form carefully, and answer all the questions completely and accurately. Kindly PRINT your answers. Should you require any assistance in completing the Form, please contact this office.

It is also requested that you secure verification of your income, in letter form, from whatever source you receive same, such as: Social Security, S.S.I., Pension, Retirement, AFDC, G.R., Veteran's Administration, Wages, Support, Unemployment, Workmen's Compensation, etc., which must be submitted with the Continued Occupancy Form.

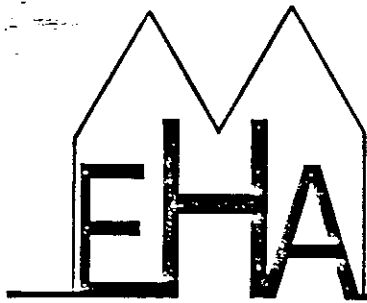
PLEASE NOTE: WE WILL BE BACK TO OUR MAIN OFFICE AT 70 COOLEGGE STREET, REVERE, BY TUESDAY, FEBRUARY 21, 1989.

Also note: If you are gainfully employed, three (3) current pay stubs are required as verification. FOR ELDERLY ONLY: A deduction for any medical insurance premiums & medical expenses, not compensated for by insurance, must be verified and submitted.

This is an important matter, and we are counting on your full cooperation so that we may complete the required Annual Tenant Re-Examination with a minimum of work and inconvenience.

FINALLY: All attached forms should be signed and returned, ALONG WITH THE CONTINUED OCCUPANCY FORM, WITH ALL THE VERIFICATION THAT IS REQUIRED. FAILURE TO RETURN THE REQUIRED VERIFICATION WITH THE CONTINUED OCCUPANCY FORM BY THE DATE REQUESTED, WILL BE GROUNDS FOR EVICTION.

LEAD PAINT CERTIFICATION: Please sign and return the bottom of Page 4 which certifies you have received information on "Lead-based Paint Poisoning".



EVERETT HOUSING AUTHORITY

SEVENTEEN DRIVE A EVERETT, MASSACHUSETTS 02149
PHONE (617) 387-6389

Joseph B. Harris
CHAIRMAN

James Tano
Irene Kelleher
Samuel Spivack
Donald E. Whitehouse

George F. Robinson, Jr.
EXECUTIVE DIRECTOR

AUTHORIZATION FORM

I authorize you to release any information requested by the Everett Housing Authority concerning my salary, deductions, employment status or assets, or any information necessary for my continued occupancy and/or housing application.

signature



Equal Housing Opportunity



DORIS BERGERON
EXECUTIVE DIRECTOR

LEOMINSTER HOUSING AUTHORITY

100 MAIN STREET
LEOMINSTER, MASSACHUSETTS 01453
537-2861

EQUAL HOUSING
OPPORTUNITY

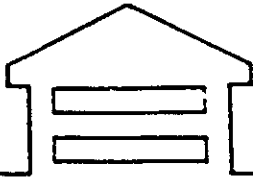
AUTHORIZATION FORM

I HEREBY AUTHORIZE THE LEOMINSTER HOUSING AUTHORITY AND ITS STAFF TO MAKE ANY INQUIRIES FROM ANY PARTIES TO OBTAIN ANY INFORMATION DEEMED NECESSARY AND WILL SUBMIT ANY PROOF UPON REQUEST OF THE AUTHORITY FOR THE SOLE PURPOSE OF VERIFICATION AND LEASE COMPLIANCE. I ALSO AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE LEOMINSTER HOUSING AUTHORITY.

SIGNED: _____

DATE: July 11, 1988

SOCIAL SECURITY NUMBER: _____



Brockton Housing Authority

45 GODDARD ROAD, P.O. BOX 340, BROCKTON, MASSACHUSETTS 02403. TEL. 558-6880

EMPLOYERS VERIFICATION LETTER

TO: _____

RE: _____

TELEPHONE # _____

SOCIAL SECURITY # _____

SIGNATURE _____

We are required by Government regulation to verify income of families applying for admission and continued occupancy in Public Housing. We request your cooperation in supplying the data indicated below concerning this employee. We assure you that this information will be kept in strict confidence.

Sincerely,

PLEASE RETURN TO BROCKTON HOUSING AUTHORITY, ATTN: BEVERLY GENTO

INSTRUCTIONS: Please complete only those items which apply to the above named.

1. Date first employed _____

2. Present Earnings: Present Hourly Rate: \$ _____ Hours per week _____

Average Weekly Wage or Salary \$ _____

Average Hours Worked Overtime \$ _____

Commissions: Average \$ _____

3. Compulsory Payroll Deductions: SS: \$ _____ Retirement: \$ _____

Union Dues: \$ _____ Weekly _____ Monthly _____

Medical: _____ Weekly _____ Monthly _____

4. Pay Periods: Weekly _____ Bi-Weekly _____ Monthly _____

5. If work is seasonal, average weeks per year employed: _____

6. Total amount earned past year from _____ to _____

Amount Earned: \$ _____

REMARKS: _____

DATE: _____ SIGNATURE AND TITLE: _____