

Ocala Housing Authority

1629 NW 4th Street
P.O. Box 2468
Ocala, Florida 34478-2468

Telephone: 352-369-2636
Fax: 352-369-2642
TDD 1-800-545-1833 ext.507

AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

AUTHORIZED TO RELEASE INFORMATION

I hereby authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, and Credit Bureau.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Services regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years, and will be sufficient to use in lieu of my signature on IRS Form 4506.

I also authorize the Ocala Housing Authority to request a Criminal background check.

This consent form expires five (5) years after the date of signature.

NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household _____, ss# _____ - ____ - _____
Co-Head: _____, ss# _____ - ____ - _____
Other Adult: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____
Dependent: _____, ss# _____ - ____ - _____

Signature of Head of Household _____ Date _____

Signature of Co-Head _____ Date _____

Equal Opportunity Employer/Equal Opportunity Housing