



## REQUEST FOR RELEASE OF INFORMATION

Family/Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

You are requested to provide the Choctaw Nation Housing Authority any information from your records which is needed by the housing division in determining eligibility for the above named participant/ tenant and his/her family.

Your cooperation and prompt return of the information will be appreciated and this information will be held in confidence and used only by the housing authority as legally permissible.

I hereby authorize the Choctaw Nation Housing Authority to verify my past and present employment earnings records, and to order a consumer report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

Signature of Head of Household: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*This page will be used to attach to request forms sent to applicable agencies to verify necessary information\*