



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize, _____, to ask questions and/or provide/receive information on my behalf in an effort to help me fulfill my obligations for eligibility and successfully access the Housing Authority of Jackson County (HAJC) Housing Choice Voucher (HCV) rental assistance program.

I authorize the above-named person and HAJC staff to discuss the following:(please check all that apply):

- My HCV rental assistance paperwork and verification requirements
- Changes to my income
- My request for a reasonable accommodation, disability status, or live-in aid
- My rent adjustment letters, rental subsidy amount, and my rent payment
- Anything related to moving with my rental assistance
- The HCV program rules and obligations and any related violations, overpayments, termination notifications, or hearing results
- My appointment notices, dates and times of appointments, and how to access appointments in all formats
- Anything related to my landlord or property I live in
- Anything related to changes in my household composition
- Other, please specify: _____

In addition, due to being elderly (62 or older) or disabled (verification on file or receiving SSI), I require my mail to be sent to an alternative address: Yes No

If yes, complete the lines below.

Name: _____

Street address: _____

City, State, Zip: _____

Phone: _____

Please sign and date below:

Name	Signature	Date
------	-----------	------