

RELEASE OF INFORMATION AUTHORIZATION

505 West Julian Street | San José, CA 95110 | (408) 275-8770 | TTY (408) 993-3041 | Fax (408) 280-0358

I/We, do hereby authorize the Santa Clara County Housing Authority to release information regarding my application to and participation in the Section 8 Program to the following individual or agency (Check one and/or list person/agency):

- The information released shall include any information the Housing Authority may have regarding my application to and participation with the Section 8 Program, including, but not limited to: address history, family composition, rent payment, income, compliance with the program, etc.
- The information to be released shall only include the areas/subjects I specify (list below):

Authorization shall expire on: (DATE)_____.

*If no date is given, authorization will expire 120 days from the signature(s) date.


THIS FORM MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OVER.

Head of Household (HOH) Signature	Social Security #
Print Name	Date
Family Member #1 Signature	Social Security #
Print Name	Date
Family Member #2 Signature	Social Security #
Print Name	Date
Family Member #3 Signature	Social Security #
Print Name	Date
Family Member #4 Signature	Social Security #
Print Name	Date