

Authorization for the Release of Information

<p>Organization Requesting Release of Information:</p> <p>Nez Perce Tribal Housing Authority (NPTHA) PO Box 188 Lapwai, ID 83540 P: (208)843-2229 E: nptha@nezperce.org</p>	<p>Applicant Name: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p>
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Purpose: In signing this consent form, you are authorizing the abovenamed organization to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and criminal history. NPTHA needs this information to verify your eligibility for housing assistance. NPTHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: NPTHA will protect the information it obtains with appropriate and reasonable security measures. NPTHA may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information, and fraud prevention purposes. NPTHA is required to protect the information it obtains in accordance with any applicable privacy law. NPTHA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on this consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility for housing assistance. Denial of eligibility may be subject to NPTHA's grievance procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

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

Consent: I consent to allow NPTHA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my types name shall have the same legal validity and enforceability as a manually executed signature to the fullest extent permitted by applicable law.

Signatures:

Head of Household	Date
Spouse or Co-head	Date
Other Family Member over age 18	Other Family Member over age 18
Other Family Member over age 18	Other Family Member over age 18

Penalties for Misusing this Consent: HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.