

AUTHORIZATION For Release of Information

CONSENT: I authorize and direct any Federal, State or local agency, organization, business, or Individual to release to **HILLSIDE APARTMENTS LLC/BERTHA MANOR APTS/TODD COUNTY HRA** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Hillside Apartments LLC, the Housing Choice Voucher Rental Assistance Program, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for Hillside Apartments and/or continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous landlords (including PHA's)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Todd County Health & Human Services	
Retirement Systems	State Unemployment Agencies	Banks and other financial
Schools and Colleges	Social Security Administration	Social Service Agencies
Credit Providers and Credit Bureaus	Law Enforcement Agencies	Utility Companies
Medical and Child Care Providers	Child Support/Alimony Providers	Public Health Departments

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or Todd County HRA (the Public Housing Authority) may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

SIGNATURES

PRINTED/TYPED NAME

Head of Household: _____

_____ **Date:** _____

Spouse/ Co Head: _____

_____ **Date:** _____

Adult Member: _____

_____ **Date:** _____

Adult Member: _____

_____ **Date:** _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

TODD COUNTY HRA/HILLSIDE APARTMENTS LLC/BERTHA MANOR



Kim Wallace, Executive Director

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Browerville MN 56438

320-594-6388

AUTHORIZATION TO RELEASE CRIMINAL RECORDS

(please print and complete separate forms for each adult household member)

Last Name

First Name

Full Middle Name

Date of Birth

Month/Day/Year

Social Security Number

State

Driver's License#

Sex: ☐ Male ☐ Female Maiden, Alias or Former name(s) _____

I hereby authorize any State or Local Repository of Criminal Records to disclose to the **Housing and Redevelopment Authority of Todd County/Hillside Apartments LLC** the following information, public or private, contained in my file:

Any criminal activity, charges, arrests and/or convictions with respect to the following:

1. Criminal activity, which has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another.
2. Drug-related criminal activity including but not limited to:
 - a. Possession, usage, distribution, transportation, sale, manufacture, or storage of illegal drugs and/or paraphernalia; or
 - b. Conviction of violating any state or federal laws relating to illegal drugs and/or drug.
3. Other investigative data or reports, public or private, of which I may be the subject

This information may be used for the following purposes only: Hillside Apartments, Low Rent Public Housing and Section 8 Housing Choice Voucher Rental Assistance. This request is in accordance with Public Law 104-120, Section 9, of the Housing Opportunity Program Extension Act of 1996. This release shall be effective until thirteen (13) months from the date of signature.

Signature _____

Date _____

OFFICE USE ONLY

Requested by _____

Date _____

Requested of: ☐ Todd County Sheriff's Department

☐ Long Prairie Police Department

☐ Staples Police Department

☐ Other _____

Completed by _____

Date _____

Findings _____