



THIRD PARTY CONSENT FORM

PURPOSE: The Georgia Department of Community Affairs may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Georgia Department of Community Affairs (DCA) any information or material needed to complete and verify my application for participation, and or to maintain my continued assistance under the Housing Choice Voucher Program, Low-Income Public Housing, Project Based Voucher, and/or other housing assistance programs. I understand and agree that this authorization or information obtained with its use may be given to and used by DCA and the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED (INQUIRIES MAY BE MADE ABOUT): Child Care Expenses, Credit History, Criminal Activity, Family Composition Employment Income, Pensions, Assets, Federal, State, Tribal or Local Benefits, Disabled Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, Rental History, Utility History, and School Records

GROUPS OR INDIVIDUALS THAT MAY RELEASE INFORMATION: The groups or individuals that are asked to release the above information (depending on program requirements) include but are not limited to: Previous landlords (including Public Housing Agencies), Court and Post Offices, Law Enforcement Agencies, Schools and Colleges, Support and Alimony Providers, Past and Present Employers Welfare Agencies, State Employment Agencies/ Department of Labor, Social Security Administration, Medical and Child Care Providers, Veterans Administration, Retirement Services, Banks & Other Financial Institutions, Credit Providers & Credit Bureaus, and Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or re- certification. 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 the State Welfare and Food Stamp Agencies.

CONDITIONS: I agree that a photocopy of this authorization *may* be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance will be terminated

Each adult (18 years or older) must sign and date the form in the space provided next to the name.

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Head of Household

Address

City, State Zip Code

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

Date



THIRD PARTY CONSENT FORM

☐ Other Adult

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ Other Adult

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ Other Adult

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

☐ Other Adult

Date of Birth

Social Security Number

Sex

Race

Signature

Print First Name

M.I.

Print Last Name

