

**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN
501 Mohn Street, P.O. Box 7598, Steelton, Pennsylvania 17113**

CONSENT TO RELEASE INFORMATION

HUD regulations and policies prohibit admission into or retention in public or assisted housing programs for individuals or families owing money to any Housing Authority (HA). In addition, for those adults who have a violent history or who have been arrested or convicted of any drug or drug related crime, admission to HUD assisted housing programs may be prohibited, and participants who are discovered to have violated these provisions may be terminated from public or assisted housing. In order for the HA to verify your eligibility for admission for public or assisted housing or for continued participation in public or assisted housing, the HA may request credit reports, landlord history reports and criminal history reports.

PURPOSE: In signing this consent form, you are authorizing the HA to request credit, landlord and criminal history reports. The HA needs this information to verify your eligibility for assisted housing.

USES OF INFORMATION TO BE OBTAINED: The HA will protect any information it obtains as a result of use of this Release of Information form. HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained on this consent form. Private owners may not request or receive information authorized by this form.

WHO MUST SIGN THIS CONSENT FORM: Each member of the family household who is 18 years of age or older must sign the consent form. Signatures must also be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Persons who apply for, or receive assistance under the following programs, must sign this consent form.

HA-owned rental Public Housing
Section 8 Moderate Rehabilitation Program

Housing Choice Voucher Program
Section 8 Project-Based Program

FAILURE TO SIGN CONSENT FORM: Your failure to sign this consent form may result in denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility, or termination of benefits, is subject to the HA's grievance procedures and the Section 8 informal hearing procedures.

CONSENT: I consent to allow the Housing Authority of the County of Dauphin to request and obtain Credit Reports, Landlord History Reports, and Criminal History Reports for the purpose of verifying my (our) eligibility for public or assisted housing programs offered by the Housing Authority. I understand that if I am denied housing or terminated from assisted housing programs as a result of information obtained through these reports, that I may appeal the decision through the appropriate appeal format of the program listed on this form.

ALSO, By my signature, I certify that I have received a document entitled "Federal Register/VO62, NO 126/TUESDAY, July 1, 1997/Rules and Regulations - "A Summary of Your Rights Under the Fair Credit Reporting Act".

SIGNATURES:

_____	_____	_____
Head of Household	Date	Social Security Number of Head of Household
_____	_____	_____
Spouse or Co-Head	Date	Social Security Number of Spouse or Co-Head
_____	_____	_____
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member
_____	_____	_____
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member
_____	_____	_____
Other Family Member over 18 years of Age	Date	Social Security Number of Family Member