



# RED WING HOUSING & REDEVELOPMENT AUTHORITY

428 WEST FIFTH STREET, RED WING, MN 55066  
TELEPHONE (651) 388-7571 FAX (651) 385-0551 TDD/TTY 711  
[REDWINGHRA.ORG](http://REDWINGHRA.ORG)

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

### PURPOSE

The U.S. Department of Housing and Urban Development (HUD) and the Above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

### AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Public Housing
- Section 8 Housing Assistance Payments

I authorize the Red Wing Housing and Redevelopment Authority to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

### INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employer, Past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuity
- Schools and Colleges
- US Social Security Administration
- US Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

### CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above.

Original is retained by the requesting organization

|                                |       |
|--------------------------------|-------|
| Signature of Head of Household | Date: |
| _____                          | _____ |

|                               |       |
|-------------------------------|-------|
| Signature of Additional Adult | Date: |
| _____                         | _____ |