

Other Adult

ROMNEY PUBLIC HOUSING AUTHORITY 100 VALLEY VIEW DRIVE ROMNEY, WV 26757

304-822-5296 - Phone

304-822-4337 - Fax

AUTHORIZATION TO RELEASE INFORMATION

I consent to, and authorize, the Housing Authority of the City of Romney, to obtain information from the individuals or organizations listed below, for the purpose of determining or verifying my eligibility in assisted housing programs.

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Banks & Financial Institutions	Providers of Ch	ild Support	
Courts	Unemployment	Agencies	
Credit Bureaus	Department of	Veterans Affairs	
Employers, Past & Present	Social Security	Administration	
Landlords, Past & Present	Workers' Comp	ensation Agencies	
Law Enforcement Agencies	Health & Huma	an Service Agencies	
Pensions & Annuities	Providers of Ch	ild Care	
Providers of Alimony	Postal Service A	Postal Service Agencies	
	EASE will be used for the purposes stary's office. This authorization and release	0	
FAILURE TO SIGN THIS AUTI TERMINATION OF HOUSING	HORIZATION MAY RESULT IN 1 GASSISTANCE.	DENIAL OR	
Head of Household	Social Security Number	Date	
Spouse or Co-Head	Social Security Number	Date	
Other Adult	Social Security Number	Date	

Social Security Number

Date