

Greater Dayton Premier Management

**Authorization for the Release of Information**

Having read and signed the HUD’s Form 9886, the Authorization for the Release of Information/Privacy Act Notice, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ additionally do hereby give permission to the Greater Dayton Premier Management to acquire any information from the sources listed below for the purposes of determining my eligibility and level of benefits under the Housing Choice Voucher Program. This consent form will expire 15 months from the date it is signed, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Asset verification from financial institutions concerning unearned income (checking or savings accounts, stocks, bonds, certificates of deposit, retirement plans, whole life insurance policies, interest and dividends)
2. Alimony and child support payments
3. OWF and food stamps assistance
4. Child care / dependent care expenses
5. Medical, Medicaid spend down and prescription costs expenses
6. Veterans benefits and military pay
7. Gift income verification
8. Student Status verification including amount of financial assistance
9. Pension, annuity payments, and Worker’s Compensation
10. Disability Certification

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Federal regulations require Greater Dayton Premier Management to verify income for all household members for the purpose of determining the family’s eligibility for rental assistance and to determine the family’s rent. This information will be held in confidence for use only in determining the eligibility status and rent of the family for GDPM housing. Your prompt return of the information in the enclosed envelope will be appreciated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head of Household Signature |  | Date |  | Social Security Number |
|  |  |  |  |  |
| Spouse Signature |  | Date |  | Social Security Number |
|  |  |  |  |  |
| Other Family Member over age 18 |  | Date |  | Social Security Number |
|  |  |  |  |  |
| Other Family Member over age 18 |  | Date |  | Social Security Number |

