

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employer, depository or private source of income or Any Federal, State or local agency to furnish or release to the Housing Authority of the City of Moultrie, Georgia and to the United States Department of Housing and Urban Development such information as determined to be necessary for verification of income and family circumstances to be used in determining eligibility for occupancy of public housing and the amount of rent to be charged. I further authorize the Moultrie Police Department and/or any other law enforcement agency and any court of the State of Georgia and/or any other States Department of Housing and Urban Development any information in the possession of such agency or court regarding my past or present involvement in criminal offenses and/or records of convictions of any offense under laws of the United States, the State of Georgia or any other State or any political subdivisions thereof.

I hereby release any person, firm or agency from any liability in regard to the furnishing or release of such information.

Signed _____
(Tenant or Applicant)

Date _____

Notary Public

(SEAL)

OFFICE USE

DOB

NAME

SS #

DL#