



# MONROE PLACE

## AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant/Participant Name: \_\_\_\_\_ (Print)

Social Security Number # XXX-XX-\_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Purpose:** In signing this consent form, you are authorizing *Pioneer Ave, LLLP dba as Monroe Place* to request information to complete your application for housing. This information includes but not limited to: identity and marital status, employment income, assets, residences and rental activity, Credit and Criminal Activity,

**Terms and Conditions:** The above named organization or managing agents may obtain information regarding my credit and criminal information, income, assets, expenses and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Affordable Housing Network, Inc.
- Housing Fund for Linn County

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- State Unemployment Agencies
- Social Security Administration
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

**Consent:** I hereby authorize release of any information requested by Monroe Place regarding my credit and criminal information, income, assets and allowances. I understand and agree that photocopies of this authorization may be used for the purpose stated above. This release for information will expire thirteen (13) months from the date of the signature.

\_\_\_\_\_  
Signature - Head of Household

\_\_\_\_\_  
Date

