THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

AUTHORIZATION TO RELEASE INFORMATION

Name_____

Social Security Number_____

In order to cooperate in the determination of my initial or continuing eligibility for tenancy, I authorize the Topeka Housing Authority to use this authorization and the information obtained with it to administer and enforce rules and policies.

Any individual or organization, including any governmental 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, landlords, present or past employers, any federally subsidized rental assistance program, Social Security Administration, Veteran's Affairs, welfare agencies, utility companies, unemployment compensation, pensions/annuities, child care providers, any medical providers, and the United States Postal Service.

I hereby authorize the above persons, firms or corporations or any others it may be necessary to contact to make available any documents or records concerning me to the Topeka Housing Authority for inspection and copying.

This release will expire 15 months from the signature date.

Signature_____Date_____