

***** EACH FAMILY MEMBER WHO IS 18 YEARS AND OLDER MUST COMPLETE THIS FORM.**

INFORMED CONSENT AUTHORIZATION

The Department of Housing and Urban Development (HUD) requires that each applicant for housing assistance or participant of any housing program administered by the Oshkosh/Winnebago County Housing Authority submit documentation to verify financial information, Social Security numbers, health and medical records, social services records, previous tenant records, and other information related to the Admission and Occupancy Policies of the Housing Authority. The failure of any person to make the required disclosure and verification constitutes grounds for denial of eligibility, or termination of assistance or tenancy (or both), under the program involved. CFR Rev. April 1, 1989, Sec. 812.1-812.4, Sec. 813.101-813.110, Sec. 913.101-.110, Sec. 960.201-.211; FR Vol. 54, No. 186, Sept. 27, 1989; FR Vol. 54, No. 212, Nov. 3, 1989.

**INFORMED CONSENT TO AUTHORIZE DISCLOSURE OF FINANCIAL RECORDS
AND OTHER INFORMATION RELATING TO ELIGIBILITY AND PARTICIPATION
IN SUBSIDIZED HOUSING PROGRAMS**

CLIENT NAME _____ **DATE OF BIRTH** _____
(Print Complete Name)

I hereby authorize the release of information to the Oshkosh/Winnebago County Housing Authority in regard to my income, employment, assets, public assistance, social security, utility payments including current standing, and any other financial information relevant to program regulations. I also authorize the release of information in regard to my police records, court records, former tenant records, Social Security records including Social Security number, employee income information from employers and wage and claim information from a State Wage Information Collection Agency (SWICA), and related information necessary to meet the Eligibility and Continued Occupancy Policies of the Housing Authority.

Unless revoked in writing, this consent will remain in effect for a period of fifteen (15) months from the date of signature.

Signature of Client or Authorized Representative*

Date

***Authorized Representative must have Power of Attorney (POA) or be a court appointed guardian or personal representative or any person authorized in writing by the client. In the case of a minor child, Authorized Representative means the parent, guardian, or legal custodian. A photocopy of this authorization is as valid as the original.**

**Approved As To Form
Warren Kraft, Asst. City Attorney
7/18/90**