

AUTHORIZATION FOR RELEASE OF INFORMATION
USE FOR ALL PURPOSES

I/We authorize and direct any Federal, State or local agency, organization, business, or individual to release to Harvest Heights Housing any requested information or materials needed to determine my/our eligibility in receiving, or to continue receiving, rental assistance under their program.

I/We understand that this Authorization for Release of Information Use for All Purposes cannot be used to obtain any information about me/us that is not pertinent to my eligibility in receiving, or to continue receiving, rental assistance under their program.

I/We agree to hold harmless Harvest Heights Housing Representatives, Federal, State or local agencies, organizations, businesses, or individuals, giving and receiving such information.

I/We agree that a photocopy of this Authorization for Release of Information Use for All Purposes may be used for the purposes stated above. The original of this Authorization for Release of Information Use for All Purposes is on file with Harvest Heights Housing and will stay in effect for a period of fifteen (15) months from the date signed.

I/We attest that all information I/We enclosed to be verified is true and correct to the best of my/our knowledge.

****WARNING: Section 1001of Title 18, United State code provides "Whoever, in any matter within any jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals or covers up.....a matter fact, or make any false, fictitious or fraudulent statements or representation, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."**

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER, AND EMPLOYER."

ANY TENANT/MEMBER OR PROSPECTIVE TENANT/MEMBER SEEKING OCCUPANCY IN OR USE OF AGENCY FACILITIES WHO BELIEVES HE OR SHE IS BEING DISCRIMINATED AGAINST BECAUSE OF AGE, RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, OR NATIONAL ORIGIN MAY FILE A COMPLAINT IN PERSON WITH, OR BY MAIL TO THE U.S. DEPARTMENT OF AFRICULTURE'S OFFICE OF CIVIL RIGHTS, ROOM 326-W, WHITTEN BUILDING, 14TH AND INDEPENDENCE AVENUE, SW., WASHINGTON DC 20250-9410 OR TO THE OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) , WASHINGTON, DC 20410. COMPLAINTS RECEIVED BY AGENCY EMPLOYEEES MUST BE DIRECTED TO THE NATIONAL OFFICE CIVIL RIGHTS STAFF THROUGH THE STATE CIVIL RIGHTS MANAGER/COORDINATOR.

CRHDC , 7305 LOWELL BLVD, SUITE 200, WESTMINSTER, CO 80030 (303) 428-1448

Applicant/Resident
Head of Household Signature

Date

Applicant/Resident
Co-Head of Household Signature

Date

Applicant/Resident
Other Adult Household Member Signature

Date

Applicant/Resident
Other Adult Household Member Signature

Date

Agent for Owner of
Harvest Heights Housing

Date