

Dennis Housing Authority
167 Center Street
South Dennis, MA
02660

Tel: (508) 394-3120 Fax: (508) 760-2352 TTD: (800) 439-2370
EMAIL: INFO@DENNISHOUSING.ORG

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above-named individual, have authorized the Dennis Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources as well as any information they may find from these sources:

| | |
|-----------------------------------|-------------------------------------|
| Courts | Department of Children and Families |
| Criminal History | Department of Social Services |
| Landlords: Past and Present | US Department of Veteran Affairs |
| Housing Agencies | Department of Revenue |
| Employers: Past and Present | US Department of Defense |
| Welfare Agencies | US Social Security Administration |
| Unemployment Agency | US Postal Service |
| Banks/Financial Institutions | Registry of Motor Vehicles |
| Credit Reporting Bureaus | Medical Care Providers |
| Creditors | Elder Services |
| Law Enforcement Agencies | Annuity Providers |
| Child Care Providers | Pension Providers |
| Child Support Provider | SORI (Sex Offender Registry) |
| Schools and Colleges | Handicapped Assistance Providers |
| Alimony Providers | State Employment Security Agencies |
| US Social Security Administration | |

I hereby give you my permission to release this information to the Dennis Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Dennis Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE

