CommunityDevelopmentAuthority

Madison Municipal Building, Suite 120
215 Martin Luther King, Jr. Boulevard
Madison, Wisconsin 53703
ph (608)266.4675 tdd (608)264.9290 fx (608)264.9291
email housing@cityofmadison.com
mail P.O. Box 1785, Madison, WI 53701-1785

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby give my permission to the Community Development Authority to
(Printed Name)
obtain independent information about me and my family for the purpose of determining continued eligibility and the appropriate level of housing benefits. Specifically, I authorize release of information from:

Current and Former Landlords

Utility Companies

Current and Former Employers

Federal, State, Tribal or Local Benefit Agencies

Banks and other Financial Institutions

Credit Bureaus

The National Crime Information Center, Police Departments, and other law enforcement agencies

Courts

Welfare and other Social Service Agencies

Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe resident is currently engaged in illegal use of controlled substance)

Schools and Colleges

U.S. Social Security Administration

U.S. Department of Veteran Affairs

Providers of: Childcare
Disability Assistance
Medical Care

Other _____

I agree that CDA may use photocopies of this authorization to accompany its requests for information. I understand that CDA is soliciting documents to verify continued eligibility and level of benefits, including sources of income and assets, wages, and unemployment claims, tax return information, identification and composition of household, housing history.

_____	_____	_____	_____
Signature	Date	Social Security #	Date of Birth

I am ☐ Head of Household ☐ Spouse ☐ Adult in family ☐ Adult in Household

CDA acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's eligibility for housing assistance.

This form is valid for twelve (12) months from date of applicant's signature.