

**AUTHORIZATION FORM**

I do hereby authorize and request the disclosure to the SNYDER COUNTY HOUSING AUTHORITY any information that may be desired concerning myself, or immediate family members residing with me to include verification of age, residence, family composition, employment, income resources, assets, or other pertinent data which may effect my eligibility for **Section 8 Rental Assistance or Public Housing**. **I AM AUTHORIZING THAT THESE DOCUMENTS MAY BE FAXED or PHOTOCOPIED TO THE AGENCY FROM WHICH WE ARE REQUESTING INFORMATION AND THAT THE AGENCY MAY FAX OR PHOTOCOPY DOCUMENTS BACK TO THE SNYDER COUNTY HOUSING AUTHORITY.**

It is understood that the information obtained will be used only for purposes directly related to my eligibility for **Section 8 Rental Assistance or Public Housing**.

I hereby give my permission to the SNYDER COUNTY HOUSING AUTHORITY to duplicate this form bearing my signature to be used in conjunction with eligibility verification forms.

*NOTE: Each family member 18 years of age or older must sign this Authorization.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Witness to Signature(s):

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Title



