Authorization for
Release of Information

Head of Household: _____ Client No.: _____

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Opportunity Inc. any information or materials needed to complete and verify my application for, or participation the Opportunity Inc. housing program. Verifications and inquiries that may be requested include, but are not limited to:

- IDENTITY AND MARITAL STATUS
- CREDIT HISTORY
- POLICE RECORDS AND CRIMINAL HISTORY
- EMPLOYMENT INCOME
- DISABILITY STATUS
- RESIDENCES AND RENTAL ACTIVITY
- INCOME FROM ANY SOURCE
- ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS
- MEDICAL OR CHILD CARE ALLOWANCES

Groups or Individuals That Opportunity House May Contact

- PAST AND PRESENT LANDLORDS
- COURTS AND POST OFFICES
- SCHOOLS AND COLLEGES
- LAW ENFORCEMENT AGENCIES
- UTILITY COMPANIES
- VETERANS ADMINISTRATION
- BANKS AND FINANCIAL INSTITUTIONS
- AK PERMANENT FUND CORPORATION
- PRIVATE SOCIAL SERVICE AGENCIES
- INDIVIDUALS PROVIDING REFERENCES OR OTHER DOCUMENTATION
- PAST AND PRESENT EMPLOYERS
- DEPT. OF HEALTH & SOCIAL SERVICES
- DEPT. OF LABOR AND WORKFORCE DEVELOPMENT
- DEPT. OF EDUCATION & EARLY DEVELOPMENT
- SOCIAL SECURITY ADMINISTRATION
- MEDICAL AND CHILD CARE PROVIDERS
- RETIREMENT SYSTEMS
- PAYEES, TRUSTEES

Conditions: I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, a housing assistance program. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the date signed.

Signature of Head of Household	Print Name	Date
Signature of Spouse/Co-Tenant	Print Name	Date
Signature of Adult Member	Print Name	Date