

**Arlington Housing Authority**  
4 Winslow Street.  
Arlington, MA 02474  
Tel (781) 646-3400 Fax (781) 643-6923

**GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

I, the above named individual, have authorized the Arlington Housing Authority to verify the accuracy of the information, which I have provided to the AHA from the following sources:

Criminal activity, CORI, Courts, law enforcement agency, credit bureau, employment (past and present wages, Pensions/Annuities), self-employment income, US Social Security Administration (Social Security, SSI Benefits, Social Security numbers), State Welfare Agencies (TAFDC, General Relief, etc.), State Employment Security Agencies, (unemployment benefits), Health and Accident, Insurance and Workman's Compensation, US Department of Veteran's Affairs, Federal, State and local benefits, Bank and other financial institutions (asset income, interest, IRA, CD's, Stocks & Bonds, etc.), Court records (alimony, child support), family composition, credit history, identity & marital status, handicapped assistance expenses, medical care, medical insurance premiums & expenses, school & college (tuition & fees, child care expenses (day care).

I hereby give permission to release this information to the Arlington Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Arlington Housing Authority, 4 Winslow Street, Arlington, MA, 02474 within five (5) days of the receipt of this request.

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

Thank you for your cooperation to this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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