



838 Mason Street
PO Box 123
Barry, IL 62312
Phone: 217-407-0707
Fax: 217-407-0708
Web: www.pikehousing.com

RELEASE OF INFORMATION AUTHORIZATION

I/We, do hereby authorize the Pike County Housing Authority (PCHA) to release information regarding my household's application and/or participation in the public housing program.

Check the below clearances that apply to this release:

_____ The information released shall include any information PCHA may have regarding my household's application and/or participation in the public housing program, including, but not limited to: address history, family composition, rent payment, rent history, income, program compliance, etc.

_____ The information to be released shall only include the area/subjects specified below (if blank then the above shall apply):

Who will receive the information?

The information shall be released to the following individual or agency:

_____ I/We consent for the above individual or agency to receive paper copies of the information released.

When will the release of information expire?

Authorization expires on: (Date)_____.

If no date is given authorization shall expire 1 year from the signature(s) date.

THIS FORM MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OVER

_____	_____	_____
Head of Household (HOH) Signature	Last 4 SSN	Date
_____	_____	_____
Family Member Signature	Last 4 SSN	Date
_____	_____	_____
Family Member Signature	Last 4 SSN	Date
_____	_____	_____
Family Member Signature	Last 4 SSN	Date