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Dover, DE 19901
302-678-1965 *voice*
302-678-1971 *fax*
1-800-545-1833, ext. 816 TDD
doover.housingauthority@dhade.org *email*

CONSENT TO OBTAIN/ RELEASE INFORMATION

I hereby give consent for information about me/ or my family to be released to and/or obtained from an authorized representative of the Dover Housing Authority for the purpose of determining my initial/continued eligibility in DHA's housing program(s). In the event I should vacate my rental unit prior to full settlement of incurred obligations, my forwarding address is also to be released to the Dover Housing Authority.

I understand that this information may be received from and/or issued to a number of sources, including but not limited to the following (please check):

- ☐ Credit Bureaus
- ☐ Criminal Justice Resources & Sex Offender Registries
- ☐ Employment Agencies (i.e. DOL)
- ☐ Financial Counseling Agencies (i.e. NCALL)
- ☐ Division of Employment and Training
- ☐ Division of Social Services
- ☐ Division of Child Support Enforcement
- ☐ Financial Lending Institutions
- ☐ Educational Institutions
- ☐ Family Counseling Agencies
- ☐ Drug and Alcohol Resources
- ☐ Enterprise Income Verification

☐ **Resident/ Emergency Contact Verification (Move-Outs)**

☐ **Internal Revenue Services**

☐ **Other**

Except (List any sources for which consent is not given):

This consent extends from this date for a period of (check one):

1 year (Maximum) Other (Specify)

This consent may be revoked by me in writing at any time. Any information released prior to such revocation remains released in accord with this consent. I have read and understood all of the above, and all blanks have been filled in prior to my signature. This consent was freely and voluntarily given.

DATE:

SIGNATURE:

DATE: **Witness (Dover Housing Authority Staff**