

**QUECHAN HOUSING AUTHORITY**  
**AUTHORIZATION FOR THE RELEASE OF INFORMATION**  
**APPLICATION FOR HOUSING SERVICES**  
**1860 W. SAPPHIRE LANE**  
**WINTERHAVEN, CA 92283**  
**PHONE (760)572-0243**  
**FAX (760)572-0245**

---

**Purpose:** By signing this consent form, you authorize the Quechan Housing Authority (“QHA”) to request information from the sources listed on this form or in your application for eligibility. QHA needs this information to verify your household’s income to ensure that you are eligible for services, and that these services are provided at the correct level. QHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Use of Information to be obtained:** QHA is required to protect the income and background information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a. QHA may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes. QHA is also required to protect the information it obtains in accordance with any applicable state or tribal privacy law. QHA and its employees may be subject to penalties for unauthorized disclosure or improper uses of any income or criminal background information that is obtained based on the consent form.

**Who must sign the consent form:** Each member of the household who is 18 years of age or older must sign the consent form. Additional signatures must be provided by new adult members joining the household or whenever members of the household become 18 years of age. Persons who apply for or

receive assistance from QHA must sign this consent form.

**Failure to sign consent form:** Any failure to sign the consent form may result in the denial of eligibility or termination of services, or both. Denial of eligibility or termination of benefits is subject to QHA grievance procedures.

**Sources of information to be obtained:** Information may be obtained directly from:

- A.** Current and former employers concerning salary and wages;
- B.** Financial Institutions, credit providers, and credit bureaus;
- C.** Previous Landlords, including public and Indian housing agencies;
- D.** Courts and Post Offices;
- E.** Schools and Colleges;
- F.** Law enforcement agencies;
- G.** Support and alimony providers;
- H.** Welfare agencies;
- I.** State wage information collection;
- J.** State unemployment agencies;
- K.** Social Security Administration;
- L.** Medical and Child Care providers;
- M.** Veterans Administration;
- N.** Retirement systems
- O.** Utility Companies

Information obtained from these sources may be used to verify information provided in determining eligibility for QHA’s services and the level of benefits to which a family or individual is entitled.

---

**Consent:** I consent to allow QHA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under QHA programs. I understand that QHA cannot use information received pursuant to this consent form to deny, reduce, or terminate assistance without first independently verifying what the amount was, whether I actually has access to the funds, when the funds were received, or whether the information provided accurately reflects my eligibility. In addition, I must be given an opportunity to contest those determinations pursuant to the QHA grievance procedures.

**THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNED. ORIGINAL IS RETAINED BY QHA.**

**Signatures:**

_____	_____	_____	_____
Head of Household	Date	Date of Birth	Social Security Number
_____	_____	_____	_____
Spouse (or other adult family member)	Date	Date of Birth	Social Security Number
_____	_____	_____	_____
Adult Family Member	Date	Date of Birth	Social Security Number
_____	_____	_____	_____
Adult Family Member	Date	Date of Birth	Social Security Number
_____	_____	_____	_____
Adult Family Member	Date	Date of Birth	Social Security Number
_____	_____	_____	_____
Adult Family Member	Date	Date of Birth	Social Security Number

---

**Purpose:** Your income and other information are being collected by QHA to determine your eligibility to participate in QHA Housing Programs. If you are eligible for occupancy, this information may also be used to determine the appropriate bedroom size and the amount your family will pay toward rent and utilities.

**Other uses:** QHA uses your family income and other information to assist in managing and monitoring QHA assisted housing programs, to protect the government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of QHA, except as permitted or required by law.

**Penalty:** You must provide all of the information requested by QHA, including all Social Security Numbers of intended residents age 18 or older. Providing this information is mandatory. Failure to comply will affect your eligibility and may result in a delay or rejection of your eligibility approval.

---

**Penalties for Misusing this Consent:**

QHA and its officers and employees may be subject to penalties for unauthorized disclosures or improper uses of information collected pursuant to this consent form. Use of the information collected pursuant to this form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning any applicant or participant may be subject to penalties under applicable federal and tribal laws.