

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization Requesting Release of Information:

Prairie Band Potawatomi Nation Housing Department
8273 156th Lane
Mayetta, KS 66509
P: (785)966-2756

Applicant Name: _____

Address: _____

City, State, Zip: _____

The purpose in signing this Consent Form:

you are authorizing Prairie Band Potawatomi Nation Housing Department (PBPND) to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and/or criminal history. PBPND and PBPNNP needs this information to verify your eligibility for housing assistance. PBPNNP may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be obtained:

PBPNNP will protect the information it obtains with appropriate and reasonable security measures. PBPNNP may disclose information (other than tax information) for certain routine uses, such as other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information and fraud prevention purposes. PBPNNP is required to protect the information it obtains in accordance with any applicable privacy law. PBPNNP employees may be subject to penalties for unauthorized disclosures or improper uses of information that is obtained based on this consent form.

Who must sign the Consent Form:

Each member of your household who is 18 years of age or older must sign the consent form. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

Failure to Sign Consent Form:

Your failure to sign the consent form may result in the denial of eligibility for housing assistance.

Consent:

I consent to allow PBPND to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my typed name shall have the same legal validity and enforcement as a manually executed signature to the fullest extent permitted by applicable law.

Signatures:

Applicant/Tribal member

Date

Spouse/Co-head

Date

Other family member over age 18

Date

Other family member over age 18

Date

Other family member over age 18

Date

Sources of Information:

The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Current and Previous Landlords
- Tribal/Public Housing Agencies
- Courts and Post Offices
- Law Enforcement Agencies
- Schools and Colleges
- Medical and Child Care Providers
- Welfare Agencies
- Support and Alimony Providers
- Past and Present Employers
- Banks and other Financial Institutions
- State Unemployment Agencies
- Social Security Administration
- Veterans Administration
- Credit Providers and Credit Bureaus
- Retirement Systems
- Utility Companies

Penalties for Misusing this Consent: HUD, the PBPND and any owner (or any employee of HUD, the PBPND or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PBPND or the owner responsible for the unauthorized disclosure or improper use.