



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

HC: AR Date: HOH:

I hereby grant permission to HAP, Inc. to obtain all information it deems necessary in determining my eligibility for rental assistance concerning the following:

- 1. Amount and sources of income
- 2. Amount, location and value of assets
- 3. Child care expenses
- 4. Medical expenses and verification of medically necessary special accommodations relating to myself and/or my minor child(ren) named: _____
- 5. Full-time student status of household dependents named _____

If I am not the Head of Household, I further grant permission to HAP, Inc. to disclose any information listed above which it receives to the Head of Household indicated above.

This General Authorization shall remain effective for fifteen months from the date appearing below:

Social Security Number	Signature	Date
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My signature above also acknowledges receipt of the Massachusetts Fair Information Practices Act Statement of Rights.

FOR AGENCY USE ONLY

<u>Date Sent Out</u>	<u>Source</u>
_____	Employers
_____	Public Benefits (DET; DTA; SSA; SSI; VA Benefits)
_____	Other Federal, State or Municipal Pensions
_____	Interest on accounts
_____	Dividends on investments
_____	Income from trust funds
_____	Lottery Proceeds
_____	Child Support Payments/Alimony
_____	Income from Annuities, Private Pensions, IRAs, or 401K Plans
_____	Regular allowance, gifts, or monetary contributions to household
_____	Income from self-employed business or profession
_____	Student Status/ Scholarship information from schools
_____	Other (Specify _____)