



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name _____

Address _____

I, the above named individual, hereby authorize <<**RAA NAME**>> to verify the accuracy of the information that I have provided to <<**RAA NAME**>> from the following sources:

- Sources of income including, but not limited to Transitional Public Assistance, pensions, SSI, employment, child support, etc.
- Statements of accounts from financial institutions including, but not limited to banks, credit unions, etc. for information regarding assets
- Utility companies for information about service addresses and payment history
- Credit Reporting Companies for information about my housing history, payment history, and assets
- Current and prior landlords for information about my housing history
- Registry of Motor Vehicles for information on addresses and registered vehicles

I hereby give you my permission to release this information to <<**RAA NAME**>> subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to <<**RAA NAME**>> within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is valid as the original.

Thank you for your cooperation and assistance in this matter.

Signature _____

Date Signed _____