



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above named individual, hereby authorize the Metro Housing|Boston to verify the accuracy of the information that I have provided to MBHP from the following sources (specify): _____

- Sources of income including, but not limited to employment, unemployment benefits, pensions, veterans benefits, worker's compensation, TANF, EAEDC, etc.
- Child care providers, Student status
- Statements of accounts from financial institutions including banks and credit unions

I hereby give you my permission to release this information to Metro Housing Boston subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the requested information to Metro Housing Boston within 7 days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation and assistance in this matter.

Signatures: _____

Head of Household _____ Date _____

Other Adult Family Member _____ Date _____

Other Adult Family Member _____ Date _____

Other Adult Family Member _____ Date _____

Other Adult Family Member _____ Date _____

This consent form expires 27 months after signed.