



OKALOOSA COUNTY
AFFORDABLE HOUSING PROGRAMS
AUTHORIZATION FOR THE RELEASE OF INFORMATION

One name per form. All Adults, ages 18 and older, are required to complete.

I, _____ (print name) the undersigned, hereby authorize the release of information without liability, information regarding my employment, income, and/or assets to Okaloosa County, for the purposes of verifying information provided as part of determining eligibility for assistance under the SHIP and NSP programs administered by Okaloosa County. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

- Past/Present Employers
- Banks, Financial or Retirement Institutions
- Unemployment Agency
- Welfare Agency
- Alimony/Child Support Providers
- Social Security Administration
- Veterans Administration
- Other:

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Household Member

Date