



**OKALOOSA COUNTY
AFFORDABLE HOUSING PROGRAMS
AUTHORIZATION FOR THE RELEASE OF INFORMATION
and SOCIAL SECURITY WAIVER**

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
- Alimony/Child Support Providers
- Banks, Financial or Retirement Institutions
- Social Security Administration
- Unemployment Agency
- Veterans Administration
- Welfare Agency
- 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

Additionally, I understand that if my Social Security Number is collected it will be for the purposes of income certification. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information.

Your Social Security Number will NOT be used for any other purpose.

Signature of Household Member

Date

housing@myokaloosa.com

Abigail Ramirez, Housing Program Specialist
Abra McGill, Grant and Housing Programs Coordinator