



CUMBERLAND HOUSING

Unlocking the Doors for Your Future

AUTHORIZATION TO RELEASE INFORMATION

I consent to allow Cumberland Housing, to obtain information from the individuals or organizations listed below, for the purpose of verifying my eligibility in assisted housing programs.

Banks & Other Financial Institutions
Courts
Credit Bureaus
Employers, Past and Present
Landlords, Past and Present
Law Enforcement Agencies
Pensions/Annuities

Providers of Alimony,
Child Care, Child Support
Unemployment Office
U.S. Dept. of Veterans Affairs
U.S. Social Security Administration
Welfare Agencies

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I understand that my housing assistance may be denied.

Signatures:

Date Head of Household Social Security #

Date Spouse Social Security #

Date Other Family Member over age 18 Social Security #

Date Other Family Member over age 18 Social Security #

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