



# AREA XV

Multi-County Housing Agency

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any information pertinent to eligibility for or participation under any of the housing programs offered by Area XV Multi-County Housing Agency.

Individuals or organizations that may release information:

- × Government Organizations
- × Law Enforcement Agencies
- × Landlords
- × Public & Indian Housing Agencies

## LAW ENFORCEMENT AGENCIES:

This form authorizes you to furnish all requested information concerning the person listed below, in regard to any criminal arrests, sheriff/police reports from investigations/arrests. You are also authorized to release any information in regard to complaints from neighbors or other members of your Jurisdiction that resulted in any law enforcement officer being dispatched to investigate the incident. I hereby release the Area XV Multi-County Housing Agency and employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to the Area XV Multi-County Housing Agency.

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

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

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Signature of the Head of Household

Date

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Signature of Adult Member of Household

Date

This consent form will expire upon completion of the Housing Agency's eligibility review.

Area XV • 417 North College • P.O. Box 276 • Agency, Iowa 52530  
Telephone 800-848-9438 or 641-937-5222 • Fax 641-937-6624

