

Waiting List Update Form

NAME _____ S.S. # _____

ADDRESS _____

PHONE: (DAY) _____ (EVENING) _____

Currently waiting on Sec. 8 _____ Public Housing _____ Creative Housing _____

Please check all that apply:

____ **ADDRESS CHANGE**

OLD Address _____

NEW Address _____

____ **CONTACT NUMBER CHANGE**

NEW number _____

____ **INCOME CHANGE**

Name of Employer

Address of Employer

Phone Number of Employer

THE HOUSING AUTHORITY IS REQUIRED TO VERIFY ALL CHANGES. PLEASE
HAVE THE PROPER VERIFICATION FORMS COMPLETED AND RETURNED TO
THIS AGENCY AS SOON AS POSSIBLE.

Applicant Signature _____ Date

HOUSING AUTHORITY OF FRANKFORT

590 Walter Todd Drive
Frankfort, Kentucky 40601

Executive Director
Carole Anthony

Telephone (502) 223-2148
TDD 1-800-241-2510
Fax (502) 875-1882

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE & CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of Frankfort (HAF) and the Department of Housing and Urban Development (HUD) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low Income Public Housing and Indian Housing and/or other housing assistance programs. I authorize the Kentucky Division of Unemployment Insurance to release my wage information and whether I am receiving, have received or made application for unemployment insurance and the amount received or to be received. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or HAF to release information from my file to any Federal, State, or local government agency.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, Pensions and Assets
Residences & Rental Activity	Medical or Childcare Allowances/Expenses
Credit & Criminal Activity	Family/Household composition and residency
Handicapped assistance expense	Social security numbers
Federal, State, Tribal or local benefits	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous/Current Landlords	Veterans Administration
Public Housing Agencies	Retirement systems
Courts and Post Offices	Banks and other Financial Institutions
Schools and Colleges	Law Enforcement Agencies
Past and present employers	Welfare Agencies
State Unemployment Agencies	Social Security Administration
Medical & Childcare Providers	Utility Companies
Credit Bureaus	Child Support or Alimony Agency/Individual

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HAF may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies:

I agree that photocopies of this authorization may be used for the purpose stated above. The original of this authorization is on file with HAF and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

If I choose not to sign this authorization I understand that my housing assistance may be denied or terminated.

Print Name of Head of Household

Sign Name of Head of Household

Date

Print Name of Other Adult/Spouse

Sign Name of Other Adult/Spouse

Date

An Equal Opportunity Employer M/F/H