



Executive Director
Hilary Lopez, Ph.D.

Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512

775.786.1712 Fax 385.770.7166 TDD

775.329.3630 RenoHA.org

GENERAL RELEASE OF INFORMATION

Who must sign the consent form:

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to sign consent form:

Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to RHA's grievance and Housing Choice Voucher informal hearing procedures.

Privacy Act Notice:

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility.

Penalties for misusing this consent:

HUD, RHA, and any owner (or any employee of HUD, RHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purpose cited on the form. Any person, who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, RHA, or the owner responsible for the unauthorized disclosure or improper use. I hereby authorize the Housing Authority of the City of Reno (RHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. RHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If RHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determination(s). If I participate in the Project-Based or Mod Rehab program, I also authorize RHA and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized housing. This consent expires 39 months after it is signed.

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.



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- Information necessary to authenticate preference claims.
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors.
- Serious or repeated violation(s) of the signed lease agreement and damage caused to a unit.
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property and get along well with neighbors and community.
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives.
- References from employers, including wage and salary information, and job performance.
- Criminal history, including fingerprint submission where necessary to effect positive identification.
- Information on payment history and balances owed to utility companies including but not limited to NV Energy.
- Medical, prescription and insurance expenses.
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service.
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members.
- Immigration status, citizenship status, and legal identity verification.
- Childcare.
- School registration for minor children and for family members over the age of 18 where required to establish program eligibility.
- Registration in educational or vocational training programs including information about participation/completion of such programs.
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap).
- Verification of need for reasonable accommodation, if requested.
- Verification with U.S. Postal Service.
- Credit reports and/or tenant screening reports from private contractors.
- Termination for violation of family obligations and reasons for the termination.
- Involvement in fraud, bribery or other corrupt or criminal acts.
- Drug trafficking by household members.
- Balance of money owed to RHA.
- Outstanding debts to other housing agencies.

Head of household (printed name)

Signature

Date

Co-Head, Spouse, Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

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