



HPRP AUTHORIZATION AND CONSENT

- 2189 Cleveland Street, Suite 230, Clearwater FL 3376 Phone: (727) 464-8452
- 647 First Avenue North, St. Petersburg, FL 33701 Phone: (727) 582-7585

I authorize the following sources of information to be obtained:

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD and/or the Pinellas County Department of Health and Human Services (HHS) to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's Homelessness Prevention and Rapid Re-Housing Program (HPRP).

I also understand that:

- submission of false information or misrepresentation of information to HHS may result in termination from the Homelessness Prevention and Rapid Re-Housing Program, and possible criminal prosecution, and
- HHS is working with other local, State and Federal agencies and data services to verify all of the sources of income received by all members of my household.

This consent form expires 15 months after signed.

Signatures:

_____ Date

Head of Household

Social Security Number

_____ Date

Other Family Member over age 18

_____ Date

Spouse

_____ Date

Other Family Member over age 18

_____ Date

Other Family Member over age 18

_____ Date

Other Family Member over age 18

_____ Date

Other Family Member over age 18

_____ Date

Other Family Member over age 18