



Client Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Consent Form for Income Verification and Background Record Release

By signing below I give the Cuyahoga Metropolitan Housing Authority, Housing Choice Voucher Program (“HCVP”) permission to obtain or gather information pertaining to my household in order to continue assistance under the voucher program.

I understand by giving my permission the HCVP will obtain information or materials necessary to complete or verify previous or current employment; retrieve credit history; retrieve information from the Internal Revenue Service, Child Support Enforcement Agency, Social Security Administration, County Health and Human Services, Veteran’s Administration, and Bureau of Worker’s Compensation or any other Agency the HCVP may use to verify income.

I hereby further authorize and request any and all agencies having information and/or records pertaining to the undersigned, to furnish full and complete information to any duly authorized representative of CMHA, who presents this authorization. I authorize any Law Enforcement Agency, Probation Office, Parole Office, Common Pleas Court, Municipal Court, Juvenile Court, Doctors, Hospitals, Landlords-past and present, and Social Service Clearing-House, with knowledge of my background, to freely furnish their reports, evaluations and/or opinions to CMHA for examination and reproduction.

\_\_\_\_\_  
Print Head of Household

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Print Household Member 18 years or older

\_\_\_\_\_  
Signature of Other Household Member

\_\_\_\_\_  
Print Household Member 18 years or older

\_\_\_\_\_  
Signature of Other Household Member

\_\_\_\_\_  
Print Household Member 18 years or older

\_\_\_\_\_  
Signature of Other Household Member

\_\_\_\_\_  
Print Household Member 18 years or older

\_\_\_\_\_  
Signature of Other Household Member