

Client Consent Form

I, _____, hereby give permission for the Cuyahoga Metropolitan Housing Authority, Housing Choice Voucher Program (“HVCP”) 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 information from the Internal Revenue Services, Child Support Enforcement Agency, Social Security Administration, County Health and Human Services Department, Veteran’s Administration, and Bureau of Worker’s Compensation or any other agency the HCVP may use to verify income. I further understand that this consent authorization is valid for 15 months after the date signed below.

This information will not be disclosed or released outside of the HCVP, except as permitted or required by law.

Signature

Date

Social Security Number

Client Control Number