

## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize the Gainesville Housing Authority to

*Print Name of Head of Household*

contact any agencies, offices, groups or organizations to obtain any information or material that is deemed necessary to complete my application during the next twelve (12) months including a criminal history record and credit history record. I am also certifying that all information and material provided is true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 15 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 15 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 15 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult 15 years and older

\_\_\_\_\_  
Date

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Housing Authority of Gainesville TX does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.