

**Topsfield Housing Authority**

69 Washington Street  
Topsfield, MA 01983  
Phone # (978) 887-8407

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual have authorized the Topsfield Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources.

Previous Landlords/Current Landlord  
Schools and Colleges  
Social Security Admin.  
State Unemployment Agencies  
Medical and Child Care Agencies  
Utility Companies  
Courts and Post Offices  
Support and Alimony Providers

Welfare Agencies  
Credit Providers and Credit Bureau  
Past and Present Employers  
CORI (Criminal Offender Record Info)  
Retirement Systems  
Banks and Financial Institutions  
Veterans Administration  
Mass. Wage Reporting and Bank Match System

I hereby give you my permission to release this information to the Topsfield Housing Authority subject to the condition that it is kept confidential. I would appreciate your prompt attention in supplying all the information to the Topsfield Housing Authority within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation and assistance in this matter.

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

THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE NOTED ABOVE.

**INCOME NUMBERS VERIFICATION – FILLED OUT BY RESIDENT OR APPLICANT**

1. Checking Acct(s) - Bank Name and Address

\_\_\_\_\_

Account #(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Savings Acct(s) - Bank Name and Address

\_\_\_\_\_

Account #(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Stocks – Bonds - Bank Name and Address

\_\_\_\_\_

Account #(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Certificate of Deposit(s) - Bank Name and Address

\_\_\_\_\_

Account #(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Pension - Company Name and Address

\_\_\_\_\_

Employee no. \_\_\_\_\_

6. Other

\_\_\_\_\_

\_\_\_\_\_

## FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Georgetown Housing Authority collects information about applicants and Residents for its housing programs as required by law in order to determine eligibility, amount of rent and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law it may be released to government agencies, other housing authorities and to civil or criminal investigators and prosecutors. Otherwise the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and Residents may give or withhold their permission when requested by housing authority to provide information however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and /or imprisonment.

As an applicant or Resident you have the following rights in regard to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative has a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

Date \_\_\_\_\_ Signature \_\_\_\_\_