



Authorization of Release of Financial Account Information

Attention: This form must be mailed, e-mailed or faxed by the financial institution

RE: _____ Soc. Sec. No. _____

FINANCIAL INSTITUTION INFORMATION: Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

I hereby authorize the release of all bank information required to determine my eligibility for housing assistance. I understand that this bank information is confidential and is to be used only for determining eligibility.

Applicant/Tenant Signature: _____ Date: _____

This is an authorization for release of account information to the Gainesville Housing Authority for the person listed above. The information is needed only on those accounts for which the above-named individual is an owner either singly or jointly with another individual(s). Third party written verification of assets is required in order to determine eligibility.

(BANK REPORT to be completed, signed below by Bank Representative, and returned via fax or mail to the above address.

- No Record of Account
- Open Checking Account(s): Account # _____ Date opened: _____ Date closed: _____
Six (6) months average **end of statement balances** as of date of this notice \$ _____ Interest rate _____
- Open Account(s): Account # _____ Date opened: _____ Date closed: _____
Six (6) months average **end of statement balances** as of date of this notice \$ _____ Interest rate _____
- Open Savings Account(s): Account # _____ Current balance: _____ Interest rate: _____
- Other Asset Account(s): Account #: _____
Type of Account _____ Current Balance \$ _____ Date opened _____ Date closed _____
Type of Account _____ Current Balance \$ _____ Date opened _____ Date closed _____
- Closed Account Within Past 6 months
Type of Account _____ Current Balance \$ _____ Date opened _____ Date closed _____
Type of Account _____ Current Balance \$ _____ Date opened _____ Date closed _____

Signed: _____
Signature of Bank Representative Print Name Date

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**"

**RETURN TO: Gainesville Housing Authority, Section 8
1900 SE 4th Street
Gainesville, FL 32641**

ATTN, Housing Coordinator: _____ E-mail: _____ (352) 872-5500 Ext. _____
(352) 872-5501 (FAX)