

Andrew M. Cuomo
Governor



Brian Lawlor
Chairperson

New York State Housing Trust Fund Corporation
Hampton Plaza
38-40 State Street
Albany, NY 12207

Authorization for Release of Information

CONSENT

I authorize and direct any Federal, State or Local agency, organization or individual to release to and verify information given to _____ for administration of Nursing Home Transition and Diversion Housing Subsidy Assistance. I understand and agree that the information obtained with this authorization may be given to and used by _____ in administering and enforcing the Nursing Home Transition and Diversion Subsidy Assistance program rules and policies. I further authorize _____ to communicate freely with representatives of _____ regarding my housing needs. I also consent for _____ to release information from my file regarding any violations of my lease or housing policies to social services, law enforcement and other housing agencies. I also understand that _____ may furnish names and addresses of former landlords if requested by prospective landlords.

INFORMATION COVERED

I understand that, depending upon program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and marital status	Employment, Income and Assets
Medical or Child care allowances	Recent Violent or Drug Related Felony convictions
Residence and Rental activity	

SOURCES OF INFORMATION

Previous and Present Landlords	Past and Present Employers
Social Security Administration	Welfare Agencies
Courts and Post offices	State Unemployment Agencies
Schools and Colleges	Housing Agencies
Law Enforcement Agencies	Utility Companies
Medical and Childcare Providers	Veterans Administration
Retirement Systems	Banks and other Financial Institutions
Support and alimony Providers	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will stay in my file and will remain in effect for 13 months from the date signed. I understand that I have the right to review information collected using this form and correct any information that I can prove is incorrect.

SIGNATURES:

Head of Household

Print Name

Date

Spouse/other adult

Print Name

Date

Other Adults(s)

Print Name

Date