



GENERAL AUTHORIZATION

The undersigned hereby authorizes the housing agency listed above and its staff to contact any agencies, offices, groups, or organizations to obtain any information or materials which is deemed necessary to complete my/our application/recertification for Section 8 housing assistance.

1. _____
Head of Household printed name

Head of Household signature

Date

PHA Staff

2. _____
Household Member printed name

Household signature

Date

PHA Staff

3. _____
Head of Household printed name

Head of Household signature

Date

PHA Staff

4. _____
Household Member printed name

Household signature

Date

PHA Staff

*Head of household signature represents youths under 18 years of age in household.

**This form will remain in effect for no more than 15 months from the date of signature(s). **