

RELEASE OF INFORMATION

I hereby grant Perry Metropolitan Housing Authority permission to gather information from the following organizations. I understand that the information will be used to determine my eligibility to be a landlord with Perry Metropolitan Housing Authority.

- Ohio Bureau of Employment Services
- School and Training Institutions
- Department of Job & Family Services
- Workforce Development
- Perry County United Ministries
- Catholic Social Services
- Six County, Inc.
- Perry County Board of Developmental Disabilities
- Children Services
- Employers
- Child Support Agency
- Social Security Administration
- Community Action Program
- Child Care Provider
- Veterans Administration
- Credit Bureau
- Sheriff/Police Department (Criminal Background)
- First Advantage (Criminal Background)
- Vacated Tenant/REAC Debt Owed (Credit Check)
- Financial Institution: Account # _____
- Other: _____

Landlord:

Print Name _____

SS# _____

Signature _____

Date _____

This form expires 15 months from the date signed.