



AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

NAME: _____
ADDRESS: _____

LAST 4 OF SOCIAL SECURITY: _____

I, the above named individual, have authorized the Berkshire Housing Development Corp. to **receive and / or disclose** housing related information and needs regarding my case with the following agencies or individuals:

- Employers
- Public Benefits (DET; DTA; Soc. Sec.; VA Benefits, former state or federal assisted tenancies)
- Other Federal, State or Municipal Pensions
- Account balances and interest earned on accounts
- Dividends on investments
- Income from trust funds
- Credit Report/Criminal Record Check
- All Housing Authorities
- All Property Managers
- All Landlords
- Berkshire County Regional Housing Authority
- Tenancy Preservation Program
- Department of Children and Families
- _____
- Lottery Proceeds
- Child Support Payments / Alimony
- Income from Annuities, Private Pensions, IRA's, or 401K Plans
- Workmen's Comp or other health / accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Income from self-employed business or profession
- Student Status / Scholarship information from Schools
- _____

I authorize you to release the information requested on the attached form to the Berkshire Housing Development Corp. subject to the conditions that it be kept confidential. **I understand that this permission is given pursuant to Section 2 of Chapter 66A of Massachusetts General Law, the Fair Information Practices Act.**

I understand that a photocopy of this authorization is as valid as the original.

SIGNATURE

DATE SIGNED

THIS AUTHORIZATION IS VALID FOR A PERIOD OF TWO YEARS FROM THE DATE SIGNED