

LOWELL HOUSING AUTHORITY

**350 Moody Street
Lowell, MA 01854
(978) 937-3500**

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____ SS# _____

ADDRESS: _____

I, _____, authorize the Lowell Housing Authority to verify the accuracy of information which I have provided to the Authority, from the following sources:

**Banks and other Financial Institutions
Courts, Law Enforcement Agencies, CORI
Credit Bureaus, Credit Providers
Landlords and Employers (Past and Present)**

**The Massachusetts Department of Revenue, Handicapped Assistance Agencies,
Schools and Colleges, the U.S. Postal Service, the U.S. Social Security
Administration, the U.S. Department of Veterans Affairs, Utility Companies, the
Massachusetts Department of Transitional Assistance, Retirement and Pension
Agencies**

I hereby give permission to release requested information to the Lowell Housing Authority. All information received by the Authority is kept confidential.

I understand that a photocopy of this authorization form is valid and may be used in place of the original document.

SIGNED: _____ DATE: _____

**THIS AUTHORIZATION FORM IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATE NOTED ABOVE**