

Consent for Release of Information

To: Dept. of Health & Human Services

ATTN:

Name _____

Date of Birth _____

Social Security Number _____

I authorize the State of Maine, Department of Human Services to release information or records about me to:

[Insert LAA name and address]

Please send **PRINTED** notification to the above address.

_____ Amount of SSI monthly supplement (if known)

_____ Amount of State Supplement

_____ Amount of monthly TANF payment

_____ USF & G Insurance payment amount

I want this information released to the above named individual or organization to verify my income. I am either an applicant for a federally or state funded housing program administrated by LAA _____, or already a tenant having an annual re-certification. The information released will be used to determine my eligibility status and the amount of my rent.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian.

Signature _____

Date _____ Relationship _____