

West Valley City Grants Division

Organization requesting release of Information:

West Valley City Grants Division
4522 West 3500 South
West Valley City, UT 84120

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use the authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

West Valley City's Loan and Grant Programs

I authorize the above named organization and HUD to obtain information on wages, or unemployment compensation from State Employment Securities Agencies.

Information covered inquiries may be made about:

- Child Care Expenses
- Credit History
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Expenses
- Medical Expenses
- Social Security Number
- Mortgage and Property Title History

Individuals or Organization that may release information:

Any individual or organization including any governmental organization may be asked to release information.

For example information may be requested from:

- Banks and other financial institutions
- Courts, Credit Bureaus

Providers of:

- Alimony, Child Care
- Child Support, Credit
- Handicapped Assistance
- Medical Care
- Pensions/Annuities

Computer Matching Notice and Consent:

I agree that WVC Grants Division, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Postal Service
- State Employment Security Agencies State Welfare

The match will be used to verify information supplied by the family.

Conditions:

I agree that photocopies of this information may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my application may be denied.

Head of Household (Print)	Signature	Date	Social Security Number	Date of Birth
Co-Head/Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth

DECLARATION OF ZERO INCOME

The program for which your household is applying is funded in part by one or more of the following sources: CDBG and HOME funds. West Valley City is required to verify income of all adult household members (18 years or older) that are receiving assistance, or applying for assistance under these programs.

To comply with this requirement, you are required to supply the information requested in the "Certification" below. This information will be held in strict confidence and used only for the purpose of establishing your household eligibility.

CERTIFICATION

I/we do hereby certify that I/we do NOT receive income from ANY source. I understand sources of income include, but are not limited to, the following:

- **Wages, tips, or commissions**
- **Unemployment Compensation**
- **Social Security**
- **Workers Compensation**
- **Child Support**
- **Education Grants/ Work- Study**
- **Self-Employment**
- **TANF**
- **Retirement Funds**
- **Alimony**
- **Income from Assets**
- **Pensions**
- **General Assistance**
- **Disability Benefits**
- **Union Benefits**
- **Family Support**
- **Annuities**
- **Money from any other source (explain):**

Individual(s) living in the household (18 years & older) who do not receive income from any sources:

Print Name: _____ DOB: _____

Print Name: _____ DOB: _____

Print Name: _____ DOB: _____

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Utah law:

(Print Name)	(Signature)	(Date)
(Print Name)	(Signature)	(Date)
(Print Name)	(Signature)	(Date)