



# Boulder County Housing Authority

3460 North Broadway, Boulder (Mail: PO Box 471, Boulder, Colorado 80306-0471) • Tel: 303.441.3929 Fax: 720.564.2283  
[www.bouldercountyhhs.org](http://www.bouldercountyhhs.org)

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## STANDARD AUTHORIZATION AND RELEASE OF INFORMATION

### PURPOSE:

The Boulder County Housing Authority (“BCHA”) may use this authorization and release (this “Release”) and the information obtained with it to administer and enforce rules and policies for, and to determine my eligibility for, the programs set forth herein.

### AUTHORIZATION:

I hereby authorize BCHA to obtain the information from the individuals and organizations listed in this Release:

Information about me and my minor children that is pertinent to our eligibility for or participation in one or more of the following programs (The “Programs”):

- Tenants of BCHA Housing
- Section 8 Housing Choice Voucher Program
- Family Self Sufficiency Program
- Housing Stabilization Program
- Tenant-Based Rental Assistance Program
- Short Term Housing
- Family/Youth Unification Program

I also hereby authorize BCHA to release information about me and my minor children to the individuals and organizations listed in this Release for the purpose of obtaining such information. Information that inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Household Composition
- Employment, Income, Pensions, Assets
- Federal, State, Tribal, or Local Benefits
- Disability Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Investigations and Recovery Cases (open or closed)
- School Enrollment and Other Educational Records

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
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords/Property Owners
- State Employment Securities Agencies
- Boulder County
- Boulder County Human Services Division
- Boulder County Department of Housing and Human Services
- The United States Government
- Schools and Colleges
- Saint Vrain Valley School District
- Boulder Valley School District
- Community Services Providers

And providers of:

- Maintenance
- Child Care
- Child Support
- Credit
- Assistance for People with Disabilities
- Medical Care
- Pensions/Annuities
- Utilities
- Welfare

**COMPUTER MATCHING NOTICE & CONSENT**

I agree that BCHA may utilize computer matching programs in conjunction with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by me and my family.

**ATTESTATION**

I/we attest that we have a clear appreciation and understanding of the terms of this release, and the implications and future consequences of this release of any information covered by this release. I/we agree that this Release may be used for the purposes stated above.

**Furthermore, I/we understand that my/our participation in and housing assistance pursuant to the Programs could be terminated or adjusted based on the information obtained by BCHA under this release. I/we hereby release BCHA from any and all liability that results from its sharing or receipt of information covered by this Release. The original of this Release shall remain on file with BCHA and is valid for a period of one year from the date of my signature or until \_\_\_\_\_.**

By signing this document I declare my understanding that any and all allegations of methamphetamine use by me or anyone in or at my housing unit, received from any source, by any BCDHHS division, will be immediately reported to BCHA staff and may affect my housing benefits.

**SIGNATURES**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Adult Member of Household

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member of Household

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member of Household

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date