

YUROK INDIAN HOUSING AUTHORITY



15540 US HWY. 101 North, Klamath, CA. 95548-9351 * (707) 482-1506 * (800) 281-4749 * (707) 482-3117 Fax

Release of Information

I, _____, hereby give the Yurok Indian Housing Authority permission to obtain any information necessary to verify and complete my housing application.

Verifications and/or reports include but are not limited to records of:

State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; SSI; Other Housing Authorities, or Federally Assisted Home Loan Programs; Background Checks; Credit Reporting Agencies; Current and Past Landlords; Energy Providers; Law Enforcement Agencies; any Tribal Department or Agency.

Name: _____
First Middle Last

Address: _____
Street or P.O. Box City State Zip

DOB: _____ **SS #:** _____ - _____ - _____
Month/Day/Year

Signature of Applicant: _____

(Every member of the household over the age of 18 years old must complete this form.)

I authorize the Yurok Indian Housing Authority the permission to discuss my housing application with the following person(s). (i.e. Mother, Father, Council Member, etc.) This will remain in effect until I notify your office, in writing, that this has changed.

