

South Carolina State Housing Finance and Development Authority

Voucher Program, 300-C Outlet Pointe Blvd., Columbia, South Carolina 29210

Authorization for Release of Criminal Records

CONSENT

I authorize and direct any federal, state, local agency or contracted company to release to the South Carolina State Housing Finance and Development Authority (SCSHFDA) any information or materials concerning all criminal activity. I understand that SCSHFDA may employ private companies to obtain this information and agree that this authorization or the information obtained with its use may be given to and used by the SCSHFDA and the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries may be directed to:

South Carolina Law Enforcement Division (SLED) National Crime Information Center (NCIC)
State Sexual Offender Registries Other governmental organizations

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or SCSHFDA may conduct computer-matching programs to verify the information supplied for my application or recertification. HUD or SCSHFDA may, in the course of its duties, exchange such automated information with other federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

CORRECTIONS

I understand I have a right to review my file and correct any information that I can prove is incorrect.

CONDITIONS

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. This authorization will remain in effect for 15 months from the date signed.

Signature of Head of Household

Date Signed

Printed Name of Head of Household

States where I have lived

Date of Birth

Signature of Other Adult

Date Signed

Printed Name of Other Adult

States where I have lived

Date of Birth

Signature of Other Adult

Date Signed

Printed Name of Other Adult

States where I have lived

Date of Birth

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

SCSHFDA Office use ONLY

	Records checked	<input type="checkbox"/> Eligible <input type="checkbox"/> Report 5+ years old <input type="checkbox"/> Ineligible	Member Name(s)	Letter Sent	Records Destroyed
Criminal Offender					
Sexual Offender		<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible			

All offender records obtained are to be destroyed within 60 days of the Ineligibility Letter being sent (or hearing if applicable).

SC State Housing Finance and Development Authority - Voucher Program

300-C Outlet Pointe Blvd., Columbia, South Carolina 29210

Authorization for Release of Information

CONSENT

I authorize the South Carolina State Housing Finance and Development Authority (SCSHFDA) to release the amount of assistance provided to me under the Section 8 Housing Assistance Programs to the South Carolina Department of Social Services (SCDSS). I also authorize SCSHFDA to request and obtain information from SCDSS which is contained in my SCDSS case file.

I understand and agree that this authorization and/or the information obtained from SCDSS may be given to and used by the U.S. Department of Housing and Urban Development (HUD).

INFORMATION COVERED

This authorization cannot be used to provide or obtain any information about me that is not pertinent to my eligibility for and/or continued participation in assistance programs.

The information SCSHFDA will be providing to DSS is limited to the amount of assistance provided to me under the Section 8 Housing Assistance Programs.

SCDSS may provide SCSHFDA with any and all information contained in my SCDSS case file. The information that may be provided includes but is not limited to: TANF / AFDC Payments, Child Support Payments, Medical or Child Care Allowances/Payments, Disability Payments/Benefits, Alimony or Allotment Payments, Housing or Utility Assistance Payments, Food Stamp Payments and Retirement or Pension Payments.

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that SCSHFDA or HUD may conduct computer-matching programs to verify the information supplied for my application or recertification for participation in assistance programs. I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization is on file with the SCSHFDA and will stay in effect for 15 months from the date signed.

_____ Head of Household - Signature	_____ Head of Household - Print name	_____ Date
_____ Spouse / Co-head - Signature	_____ Spouse / Co-head - Print name	_____ Date
_____ Other Adult - Signature	_____ Other Adult - Print name	_____ Date
_____ Other Adult - Signature	_____ Other Adult - Print name	_____ Date
_____ Other Adult - Signature	_____ Other Adult - Print name	_____ Date

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.