



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

AUTHORIZATION FORM REQUEST FOR CONSENT TO RELEASE INFORMATION TO PROSPECTIVE LANDLORDS

Head of Household Name: _____

Telephone Number: _____

Cell Number: _____

Email Address: _____

I authorize the Housing Authority of Gloucester County to release the following information to prospective landlords/owners seeking tenant referrals to fill vacant units for participants in the Section 8 Housing Choice Voucher Program:

Check all that apply

Name

Telephone number

Cell phone number

Email Address

Note: Tenant screening and selection are the responsibility of the owner. Housing Authorities are required to give the owner the following information: • Current and prior address of the prospective housing choice voucher tenant, as recorded by the PHA; and • Name and address, if known to the PHA, of the prospective tenant's current and prior landlord.

Print Name: _____

Head of Household's Signature

Date

