

SOUTH SHORE HOUSING



South Shore Housing Development Corporation
169 Summer Street
Kingston, MA 02364-1220
(781) 422-4200; 1-800-242-0957
FAX (781) 585-7483 * TDD (781) 422-4200

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY: _____ / _____ / _____

I, the above named individual, authorize South Shore Housing Development Corporation (SSHDC) to verify with the following sources the accuracy of information I have provided to them.

EMPLOYERS
PUBLIC BENEFITS (DES; DPW; SSA; SSI; VA BENEFITS)
OTHER FEDERAL, STATE OR MUNICIPAL PENSIONS
INTEREST ON ACCOUNTS
DIVIDENDS ON INVESTMENTS
INCOME FROM TRUST FUNDS
LOTTERY PROCEEDS
CHILD SUPPORT PAYMENTS/ALIMONY
INCOME FROM ANNUITIES, PRIVATE PENSIONS, IRAs, OR 401K PLANS
WORKMAN'S COMP OR OTHER HEALTH/ACCIDENT PAYMENTS IN LIEU OF EARNINGS
REGULAR ALLOWANCES, GIFTS, OR MONETARY CONTRIBUTIONS
INCOME FROM SELF-EMPLOYED BUSINESS OR PROFESSION
STUDENT STATUS/SCHOLARSHIP INFORMATION FROM SCHOOLS
OTHER _____

I authorize you to release the information requested on the attached form to SSHDC, subject to the condition that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file. I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter. My signature below also acknowledges receipt of the Massachusetts Fair Housing Information Practices Act Statement of Rights.

(Signature)

(Date Signed)

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATE SIGNED