



## RENO-SPARKS INDIAN COLONY HOUSING DEPARTMENT

9055 Eagle Canyon Drive, Sparks, NV 89441  
Phone 775-785-1300 | Fax 775-424-6004

### Authorization of Release of Information

**You are required to sign a Consent Form Authorizing:** (1) The RSIC Housing Department (RSICHD) to request verification of salary and wages from current or previous employers; (2) RSICHD to request wage and unemployment Compensation claim information from the State Agency responsible for keeping that information (3) RSICHD to request verification of SS and SSI benefits from the U. S. Social Security Administration including online sources; and if necessary (4) to request a copy of your income tax return from the U. S. Internal Revenue Service (5) to request from Reno-Sparks Indian Colony interdepartmental offices; verification requests for enrollment, human services for wages, 477 Program for assistance, and other RSIC Departments as deemed necessary for the purpose of the application.

The law also requires independent verification of income information. Therefore, RSICHD may request information from financial institutions to verify your eligibility and level of benefits to include Law Enforcement and Criminal Justice Agencies.

**Who must sign the Consent Form:** Each member of your household who is eighteen (18) years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become eighteen (18) years of age.

**Information may also be obtained directly from:** (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends).

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial assistance of information regarding any period(s) within the last five years when I have received assisted housing benefits.

**Consent:** I consent to allow Reno-Sparks Indian Colony Housing Department to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the RSICHD program. I understand that the RSICHD that receives income information under this form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds that were received. In addition, I must be given an opportunity to contest those determinations.

**\*\* This consent will expire 14 months after date of signature & date \*\***

Required Signature(s):

\_\_\_\_\_  
HEAD OF HOUSEHOLD Date

\_\_\_\_\_  
Last (4) digits of Social Security Number

\_\_\_\_\_  
Other family member – 18 years of age or older Date

\_\_\_\_\_  
Last (4) digits of Social Security Number

\_\_\_\_\_  
Other family member – 18 years of age or older Date

\_\_\_\_\_  
Last (4) digits of Social Security Number

\_\_\_\_\_  
Other family member – 18 years of age or older Date

\_\_\_\_\_  
Last (4) digits of Social Security Number