

GASTONIA HOUSING AUTHORITY
340 W. Long Ave
PO Box 2398
Gastonia, NC 28053
www.ghanc.org

I, _____, do hereby certify that I give The Gastonia Housing Authority permission to obtain information about my family from the following sources. This information will be used to verify eligibility and continuing eligibility for participation in the Section 8 Housing Choice Voucher program.

- State Wage Information Collection Agencies
- Social Security Administration
- Employment Security Commission
- Department of Social Services
- Employers
- Private Employment Verification companies
- Pension / Retirement providers
- Childcare Providers
- Doctors / Medical Facilities
- Pharmacies
- U.S. Military
- Veteran's Administration
- Banks and / or Financial Institutions
- Local charitable agencies
- Local government agencies
- Utility providers
- Schools
- Child Support enforcement agencies
- And any other sources as deemed necessary by the housing authority for the proper administration of the program.

Information obtained by The Gastonia Housing Authority will be used solely for the purpose of eligibility and continuing eligibility determination. All information obtained will be kept confidential. This form is valid for fifteen (15) months from the date signed.

Signature of Applicant / Tenant

Date