



HD Housing
Division

A Division of the
Department of Health
& Human Services

ACCESS TO SUPPORT SERVICE INFORMATION

Re: _____

Social Security No.: _____

I hereby authorize access to my support service records and information to the My Home Housing Program and the Department of Housing and Urban Development (HUD). The My Home Housing Program and HUD may review any and all records necessary to confirm my eligibility for the Program and to confirm that appropriate services are being delivered in accordance with my plan, that I am in compliance with my plan, and that services delivered are accurately reflected in the Monthly Service Match Report. I further authorize my Case Manager to provide information and to discuss my case as it relates to my eligibility for housing benefits.

I understand that this authorization is for purposes of determining eligibility for and compliance with the rules and regulations of the (Shelter Plus Care) My Home Housing Program.

Signature of Applicant

Date

Signature of Witness

Date

