HD Housing Division

A Division of the Department of Health & Human Services

Select Program:

☐ My Home

☐ Housing First

RELEASE OF INFORMATION AUTHORIZATION

Re: _____

Social Security No.: _____

To Whom It May Concern:

The above-named applicant/participant has applied to the Milwaukee County My Home Housing Program for housing assistance.

Milwaukee County is required, by law, to confidentially verify information provided by applicants/participants. This includes verifying all wage and claim information of all applicants and participants (and members of their family over the age of 18) who apply for participation or when their continuing eligibility in the program is determined.

Wage and claim information will be collected by the Program through the State Wage Information Collection Agency (SWICA) specifically the State of Wisconsin Department of Industry, Labor and Human Relations.

In addition, Milwaukee County is required to verify other types of information. The applicant/participant has shown your Agency's/Organization's name as a source of information. Verification of applicant/participant statements is not limited to those shown in the following authorization.

AUTHORIZATION FOR RELEASE OF INFORMATION

Family Composition	Educational Scholarship & Stipends
Income	W-2
Wage and Claim Information	Assets
Alimony	Medical Information
Child Support	Child Care Expenses and/or Unusual Expenses

I hereby authorize the Milwaukee County My Home Housing Program to make any inquiries necessary or advisable in verifying information regarding my eligibility for benefits. I further authorize the My Home Program to request the State Wage Information Collection Agency to release wage and claim information relative to my eligibility in the Program.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Witness Date

The use of information obtained by the My Home Housing Program from a State Wage Information Collection Agency is restricted, by law, to official purposes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SPECIAL NEEDS HOUSING PROGRAMS
600 W. Walnut St., Suite 100 ♦ Milwaukee, Wisconsin 53212
Telephone: (414) 278-4902 ♦ Fax: (414) 223-1815

EQUAL HOUSING OPPORTUNITY