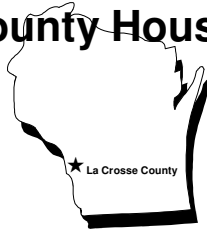


La Crosse County Housing Authority

LCHA
Equal Housing
Opportunity
FAX (608) 781-5379
TDD (800) 947-3529



Gen. Office
War-Leh Manor
615 Plainview
(French Island)
La Crosse, WI 54603
(608) 781-5365

General Verification Consent Form

Verification of Information Supplied by an Applicant for Housing Assistance:

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the La Crosse County Housing Authority. Your prompt return of this information will help to assure timely processing of the application for assistance. Please FAX your response. If you require a SASE envelope please call and one will be provided. The applicant/resident has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of information regarding my income, assets, medical expenses, criminal and credit history. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I understand and agree that photocopies of this authorization may be used for the purpose stated.

Signature

Date

Signature

Date

.....
PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

Elderly Housing at:
Bangor
Holmen
La Crosse (French Island)
Onalaska
West Salem

La Crosse County Housing Authority does not discriminate
on the basis of handicapped status in the admission
or access to, or treatment or employment in, its
federally assisted programs and activities

Family Duplexes at
Bangor
Holmen
Mindoro
Onalaska
West Salem