



Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

www.dekcohousing.com

To: Corinne

From:

4-C CHILD CARE

Fax: 815-758-5652

Pages:

Phone:

Date:

Re: CHILD CARE ASSISTANCE
VERIFICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct Community Coordinated Child Care (4-C) to release to the Housing Authority of the County of DeKalb any information or material needed to complete determination of co-pay or payment for child care. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for one year and one month from the date signed below.

SIGNATURE

(Head of Household)

(Printed Name)

(Date)



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