



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

Authorization for Release of Enterprise Income Verification (EIV) Information to Other Household Members

The Federal Privacy Act (5 USC 552a, as amended) prohibits the disclosure of an individual's information to another person without written consent of the individual.

We request your permission to disclose information contained in your individual EIV report with other adult members in your household. This information may include, but is not limited to, information on wages, social security benefits, Medicare data, dual entitlement, unemployment income, Supplemental Security Income (SSI) benefits, disability information and information on income discrepancies in the household.

Please check whether or not you are willing to grant permission to share your EIV information with other adult members in your household and sign and date below.

- I give permission to share EIV information with other adult household members.
- I **do not** give permission to share EIV information with other adult household members.

Head of Household

Date

- I give permission to share EIV information with other adult household members.
- I **do not** give permission to share EIV information with other adult household members.

Other Household Adult

Date

- I give permission to share EIV information with other adult household members.
- I **do not** give permission to share EIV information with other adult household members.

Other Household Adult

Date



Equal Opportunity Employer