



Housing Authority of the County of Santa Barbara

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P.O. Box 397 • Lompoc, CA 93438-0397
(805) 736-3423 • FAX (805) 735-7672 • TDD (800) 545-1833, Ext.594

FAMILY UNIFICATION PROGRAM (FUP)
RELEASE OF INFORMATION AUTHORIZATION

I/We, do hereby authorize the Housing Authority of the County of Santa Barbara to release to the following individual or agency (list person/agency) information regarding my application to and participation in the Section 8 Housing Choice Voucher Direct referral Program.

The information released shall include any information the Housing Authority may have regarding my application to and participation with the Section 8 Program, including, but not limited to: address history, family composition, rent payment, income, compliance with the program, etc.

This consent form is effective immediately and expires three (3) years after admission into the Section 8 Housing Choice Voucher FUP Program.

This form MUST be signed by ALL adult household members 18 years of age and over.

Head of Household (HOH) Signature

Social Security #

Print Name

Date

Family Member Signature

Social Security #

Print Name

Date

Family Member Signature

Social Security #

Print Name

Date

Family Member Signature

Social Security #

Print Name

Date

200 W. Williams
Santa Maria, CA 93458
(805) 925-4393
fax (805) 922-9608

817 W. Ocean Ave.
Lompoc, CA 93436
(805) 735-8351
fax (805) 735-9263

5575 Armitos Ave.
Goleta, CA 93117
(805) 967-3402
fax (805) 964-0027