

**OAK PARK HOUSING AUTHORITY  
21 SOUTH BOULEVARD  
OAK PARK, IL 60302  
(708) 386-9322**

**HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM  
AUTHORIZATION FOR REQUIRED INFORMATION**

As an applicant/participant of the Housing Choice Voucher Program, I hereby authorize the Oak Park Housing Authority to obtain any information regarding my family income, assets, expenses, family composition, or any other information as required in the administration of the Housing Choice Voucher Program.

\_\_\_\_\_  
**Print Name of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Head of Household**

**Other Household Members Over the Age of 17 Years Old**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

The Department of Housing & Urban Development requires that each individual living in the assisted household who is eighteen (18) years and older sign an authorization.

The original is retained by the Oak Park Housing Authority.

This consent form expires 15 months from the date of signature(s).