Consent for Release of Personal Records by Executive Agencies

Please complete and return to the following address:

Congressman Geoff Davis

District Office

300 Buttermilk Pike, Suite 314

Ft. Mitchell, KY 41017

(859) 426-0080

(859) 426-0061 (fax)

HOUSING

Name (First, Last)	Social Security Number	Date of Birth
Current Mailing Address (inclu	ide City, State, Zip)	
Telephone number for claiman	t. If none, number where you could be reach	ned.
Do you have a spouse or any	other dependents? If so, please list nan	nes and ages:
Have you recently applied for h	nousing assistance? YesNo	
·	ddress, and telephone number of the office the	nrough which you
What type of housing assistanc USDA Rural Developme FHA Loan Public Housing Housing Choice Vouche Privately Owned HUD-9	er (Section 8)	I that apply:

currently receive (if any) and any	you are having. Indicate what type of housing assistance you other relevant details regarding the Federal agency overseeing
WHAT WOULD YOU LIKE F	FOR THIS OFFICE TO DO ON YOUR BEHALF:
2	ease of information regarding your case to a third party,
	ngressman Geoff Davis on a matter that may require the release
of information maintained by your under the Privacy Act of 1974.	r agency, and which you may be prohibited from disseminating
involved in this case with Congres	all relevant portions of my records or to discuss problems ssman Geoff Davis or any authorized member of his staff until m that the above information is accurate.
Signature:	Date: