

# AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

## To be completed by property management office:

The undersigned individual(s) has applied for residency at \_\_\_\_\_. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

## Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

## The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

## To be completed by applicant/resident

I/we agree that this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Co-Applicant/Resident Name (Printed): \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Co-Applicant/Resident Name (Printed): \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Co-Applicant/Resident Name (Printed): \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

