

**COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION**

Date: _____

Number of pages including cover sheet: _____

To be completed by office:

Applicant, do not write in this Section.

To:
Attn.: _____
Company: _____
Address: _____

Phone: _____
Fax: _____

From:

Phone: _____
Fax: _____

The undersigned individual(s) has applied for residency at _____. The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	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)	

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original 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 my/our eligibility for the LIHTC program.

To be completed by applicant

Applicant/Resident Name (Printed): _____
 Social Security Number: _____
 Authorizing Signature: _____

Co-Applicant/Co-Resident Name (Printed): _____
 Social Security Number: _____
 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.

