



CONSENT FOR RELEASE OF INFORMATION

(relating to affordable housing rental application)

We, the undersigned applicant(s), authorize all persons or companies in the categories listed below to release without liability, all information regarding our employment, income and/or assets. The information may be released only to the rental dwelling owner named below. The purpose of releasing the information is to verify information we've given on a rental application.

Information covered. We understand that previous or current information may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets and allowance for child care or medical purposes. This authorization cannot be used to obtain any information about us that does not relate to our eligibility for rental housing from the property owner named below. This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506-T entitled "Request for Transcript of Tax Return" must be prepared and signed separately.

Groups or individuals who may be asked. The groups or individuals who may release the above information include, but are not limited to:

- | | | |
|---|---|---|
| Present and Past Employers | Welfare Agencies | Veterans Administration |
| Present and Past Landlords
(including Public Housing Agencies) | State Unemployment Agencies
Social Security Administration | Retirement Systems
Financial Institutions (Banks,
etc.) |
| Support and Alimony Providers | Medical and Child Care Providers | Credit Reporting Agencies |

Conditions for release. We agree that a photocopy of this authorization may be used for the above purposes. The original of this authorization is on file and will stay in effect for 13 months from the date signed. We have a right to review the file and correct any information that is incorrect.

Rental dwelling owner. The above information may only be released to the rental dwelling owner or management company named below:

Owner's name (printed)	Contact person's name	
<hr/>		
Address of owner or contact person	Contact person's name	
<hr/>		
Telephone (area code and number)	Fax number	Email

Applicant signatures

_____	_____	_____	_____
Head of household	Printed name	SSN	Date
_____	_____	_____	_____
Spouse, if any	Printed name	SSN	Date
_____	_____	_____	_____
Other adult member of household	Printed name	SSN	Date
_____	_____	_____	_____
Other adult member of household	Printed name	SSN	Date