

## AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_

Authorized Signature

Title

\_\_\_\_\_

Print Name

Date

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### Release by Applicant/Tenant

I hereby authorize the release of all requested information.

\_\_\_\_\_

Signature

Date

***Verification form is attached.***

