

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(02/19)

Property Name	Unit Number
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As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:

- Employment Verification
- Social Security/Supplemental Security Income Benefits Verification
- Public Assistance Verification
- Unemployment Benefits Verification Request
- Military Pay Verification
- Pension Verification Request
- Annuity or Stock Verification
- Deposit Verification Request

This authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose by specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

*Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.*

Signature of Applicant/Resident	
Printed Name of Applicant/Resident	Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by property administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

Signature of Authorized Management Agent	
Printed Name of Agent	Date