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AUTHORIZATION FOR RELEASE OF INFORMATION CERTIFICATION

TO: _____

 TEL.#: _____

FROM: _____

 TEL.#: _____

DATE: _____ APT. #: _____
 DEVELOPMENT NAME: _____
 APPLICANT/RESIDENT: _____

 FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

AUTHORIZATION:

I/We hereby authorize release of any information requested by _____ regarding my/our income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

_____	_____	_____
Applicant/Resident Signature	Date	Social Security Number(s)
_____	_____	_____
Applicant/Resident Signature	Date	Social Security Number(s)

TERMS AND CONDITIONS:

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Low Income Housing Tax Credit Program - Section 42
- HUD Housing Assistance Payments Program - Section 8
- RECD Rental Assistance Program - Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

OFFICE USE ONLY:



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.

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