AUTHORIZATION FOR RELEASE OF INFORMATION FORM

TO: _____

_____

_____

TEL.#: _____

DATE: _____ APT. #: _____

DEVELOPMENT NAME : Port Terrace Apartments

APPLICANT/RESIDENT: _____

_____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

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:

EQUAL HOUSING OPPORTUNITY