

RELEASE AND CONSENT

_____ has applied to be part of our Affordable Housing Program at Sunset Springs Apartments. As part of our processing, we are required verification of the household's income, expenses and other information relating to eligibility. The individual has authorized below your release of the required information. The information you provide will be used only for the purpose of determining the household's eligibility for tenancy. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

Sincerely,

(Apartment Manager)

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past and Present Employers	Social Security Administration	Veterans Administration
Previous Landlords (including Public Housing Agencies)	Medical and Child Care Providers	Retirement Systems
Welfare Agencies	Banks and other Financial Institutions	State Unemployment Agencies
		Support and Alimony Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

Head of Household (Print Name) _____ Date _____

Spouse/ Co-Head of Household (Print Name) _____ Date _____

Adult Member (Print Name) _____ Date _____

Adult Member (Print Name) _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

NOTE: 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, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.