



To: Name _____
 Address _____

 Email _____
 Phone _____
 Fax _____

From: Name _____
 Address _____

 Email _____
 Phone _____
 Fax _____

Re: Name _____ Address _____
 Last 4 Digits of SS # _____

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Applicant/Tenant _____

Date _____

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to **annually** verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

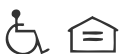
To be completed by Owner/Owner Representative:

Received by Owner/Owner Agent: _____

Received on: _____

	Last Name	First Name	DOB (MM/DD/YY)	Relationship to HOH
Head of Household (HOH)				
Household Member				
Household Member				
Household Member				
Household Member				
Household Member				
Household Member				

Total Number of Household Members: _____





To be completed by Assistance Program Administrator/Agency

The above-named household’s annual gross household income (before deductions) has been verified as \$_____.

Date of income determination (MM/DD/YYYY): _____

Income was determined for the following federal public assistance program:

- _____ TANF – Temporary Assistance for Needy Families (42 U.S.C. 601 et seq.)
- _____ Medicaid (42 U.S.C. 1396 et seq.)
- _____ SNAP – Supplemental Nutrition Assistance Program (42 U.S.C. 2011 et seq.)
- _____ EITC – Earned Income Tax Credit (26 U.S.C. 32)
- _____ LIHTC – Low Income Housing Tax Credit (26 U.S.C. 42)
- _____ WIC – Special Supplemental Nutrition Program for Women, Infants, and Children (42 U.S.C. 1786)
- _____ SSI – Supplemental Security Income (42 U.S.C. 1381 et seq.)
- _____ Other programs administered by the HUD Secretary (i.e. PHA verifications, HOME and NHTF units with PBRA and NHTF units with TBRA)
- _____ Other Means-Tested forms of Federal Public Assistance for which HUD has established a memorandum of understanding
- _____ Other Federal benefit determinations made in other forms of means-tested Federal public assistance that the Secretary determines to have comparable reliability and announces through the Federal Register

Representative’s Printed Name

Representative’s Title

Representative’s Signature

Date

Telephone #

Email Address

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

