## Authorization to Release Confidential Information Instruction

**Purpose:** This form may be used to show resident has given you authorization to verify information and/or statements made in the rental application process. This form may be attached to various verification forms if the original verification form has been lost in the mail.

**Note:** This form is optional. However, owners should always have applicants/residents sign some kind of release prior to requesting any third-party verifications. Owners cannot refuse to complete this form if the applicant/resident requests to use it.

## Specific Instructions:

- 1. Enter property name.
- 2. Enter unit number.
- 3. Management signs *before* the applicant/resident.
- 4. Management representative prints name and dates form.
- 5. After management completes bottom portion of form the applicant/resident signs, prints his or her name and writes the date.

## **AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Property Name:	_(1)		Unit:	(2)	
As a condition of na	rticinating in an affordable by	ousing program. Lunderstand the	nroperty ow	per is required to	
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:					
<ul> <li>Employment Verification</li> <li>Social Security/Supplemental Security Income Benefits Verification</li> <li>Public Assistance Verification</li> <li>Unemployment Benefits Verification</li> <li>Military Pay Verification</li> <li>Pension Verification</li> <li>Annuity or Stock Verification</li> <li>Deposit Verification Request</li> <li>Student Status Verification</li> <li>Child Support verification (to be used if property management has their own form)</li> </ul>					
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 my 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.					
(5 Signature of App	<del></del>	Print 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:					
	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;				
applicant/res disclosure o	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 proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and				
information information, measures, ir	The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.				
(3	d Management Agent	(4) Print name of Agent		(4) Date	