

FOSTER CARE VERIFICATION

Property Name: _____ Unit: _____

RE: _____

1st Request _____

2nd Request _____

3rd Request _____

Fax #: _____

SS#: _____

Attn: _____

Dear Sir/Madam:

We provide affordable housing that requires certain stipulations. One element deals with fulltime students, whereas in most cases we cannot rent to a household that is comprised totally of fulltime students. However, there are several exceptions, including if a household member was or still is under the care of a state foster care program. To comply with this requirement, we ask your cooperation in supplying the information requested below.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: _____

Phone # _____

Sincerely,

Management Agent

I hereby authorize the release of requested information.

Applicant/Resident Signature

Date

TO BE COMPLETED BY DSHS STAFF

- The above named applicant is currently receiving foster care through the state of Washington.
- The above named applicant was, but is no longer receiving foster care through the state of Washington.
- The above named applicant has not received foster care from the state of Washington.

Signature

Title

Date

Print Name

Phone Number