AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name:			Unit:		
initially necess	and annually	certify each resident give authorization for sp	ole housing program, I understand the 's eligibility for such program. Corpecific income and asset information	nsequently, I understand it is	
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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.					
	Signature of App	licant/Resident	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:					
1.	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;				
2.	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				
3.	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.				
Signa	ature of Authorize	d Management Agent	Print name of Agent	Date	