

LIHTC/HUD – AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name: Downtown Apartments -FSLP Property Number: 431 Beaver St
Applicant/Resident: _____ Unit Number: _____

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC Tax Credit, HOME, and/or Tax-Exempt Bond Programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our Leasing Office, at _____.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to FSLP, for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances and utility information. 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 residency participation as a **Qualified Resident**.

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

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider

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 I/we will review and execute the Tenant Income Certification (Exhibit B) upon completion of qualification or on the initial move in date.

SIGNATURE

____/____/____
DATE

SIGNATURE

____/____/____
DATE

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).**